

FILED EFFECTIVE

No. W 64863 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 10/07/2008 1. Mailing Address: Correct in this box if needed. PEDRO'S PRIDE FASHIONS, LLC PO BOX 1110 SAGLE ID 83860	2. Registered Agent and Office (NOT A P.O. BOX) ELISABETH L LARSON 324 S 1ST AVE SANDPOINT ID 83864 3. New Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Member	ELISABETH LARSON	P.O. BOX 1110	SAGLE	ID	USA	83860
Member	KENNETH LARSON	P.O. BOX	SAGLE	ID	USA	83860
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 64863</div>		6. Signature: <u><i>Elisabeth Larson</i></u> Date: <u>10/24/08</u> Name (type or print): <u>ELISABETH LARSON</u> Title: <u>Member</u>				
Issued 10/24/2008 by NLB						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.