

No. W 65982	Reinstatement Annual Report Form ADMIN DISSOLVED 11/06/2008		2. Registered Agent and Office (NOT A P.O. BOX) WENDY GAY CLAMAN 1015 E WASHINGTON NAMPA ID 83686														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. FOREVER DREAMS LLC PO BOX 45074 13577 W. Wittenburg St. BOISE ID 83711-5074 83713		3. <u>New</u> Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 35%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐ (circle one)</td> <td>Wendy G. Claman</td> <td>13577 W. Wittenburg St</td> <td>Boise</td> <td>ID</td> <td></td> <td>83713</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☐ (circle one)	Wendy G. Claman	13577 W. Wittenburg St	Boise	ID		83713
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5. Organized Under the Laws of: IDAHO W 65982		6. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u>Wendy Claman</u></td> <td style="width: 30%;">Date: <u>1/27/12</u></td> </tr> <tr> <td>Name (type or print): <u>Wendy Claman</u></td> <td>Title: _____</td> </tr> </table>		Signature: <u>Wendy Claman</u>	Date: <u>1/27/12</u>	Name (type or print): <u>Wendy Claman</u>	Title: _____										
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Issued 01/27/2012 by CLH																	