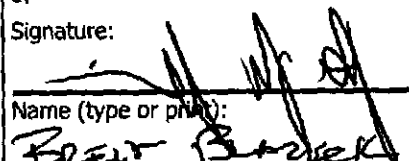
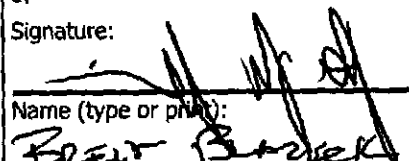
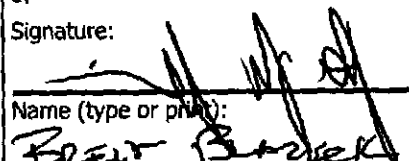


No. W 125883	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) BRETT BLAZICEK 391 W STATE ST SUITE CL EAGLE ID 83616																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BASBRO LLC 11801 SLAUSON AVE SUITE A SANTA FE SPRINGS CA 90670		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 25%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 15%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member</td> <td>BRETT BLAZICEK</td> <td>11801 SLAUSON AVE A.</td> <td>SANTA FE</td> <td>SPRINGS</td> <td>CA</td> <td>90670</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member</td> <td>CHU HENG</td> <td>11801 SLAUSON AVE A.</td> <td>SANTA FE</td> <td>SPRINGS</td> <td>CA</td> <td>90670</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member	BRETT BLAZICEK	11801 SLAUSON AVE A.	SANTA FE	SPRINGS	CA	90670	Manager <input checked="" type="checkbox"/> Member	CHU HENG	11801 SLAUSON AVE A.	SANTA FE	SPRINGS	CA	90670	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 125883 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> Signature:  <hr/> Name (type or print): Brett Blazicek </td> <td style="width: 40%; vertical-align: top;"> Date: 9/10/14 <hr/> Title: member </td> </tr> </table>		Signature:  <hr/> Name (type or print): Brett Blazicek	Date: 9/10/14 <hr/> Title: member																																	
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Issued 09/09/2014 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing 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.