| No. W 67021 | Reinstatement Annual Report Form ADMIN DISSOLVED 12/05/2008 | 2. Registered Agent and Office (NOT A P.O. BOX) LESLI CROOKS NORTHUP | |
|--------------------------------------|---|--|----------|
| Return to: | | 1901 S EMPIRE WAY | |
| SECRETARY OF STATE 450 N 4th STREET | 1. Mailing Address: Correct in this box if needed. | BOISE ID 83709 | |
| PO BOX 83720 BOISE, ID 83720-0080 | TASTEFUL SINSATIONS LLC LESLI CROOKS NORTHUP 1901 S EMPIRE WAY BOISE ID 83709 | OK- SAME) 3. New Registered Agent Signature. | |
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| REINSTATEMENT | | | |
| FEE DUE: \$30.00 | | V | |
| 4. Limited Liability Compan | nies: Enter Names and Addresses of Managers OR Members. | | |
| Office Held Nan | ne Street or PO Address | City State Country Postal Code | |
| Dresident | Lest; CROKS NOWHUP. | | |
| member | Cesti CROKS Northup. 1901 S. Empire M | y Bust IV How 1310° | 7 |
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| 5. Organized Under the La | nue of 6 | | 1 |
| J. Crysilized Cilca Bic La | | Date: 8/9/ | 16 |
| IDAHO | Signature: | Date: 8/9/ | 10 |
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| W 67021 | Name (type or print): / Si CROO | & Northup Title: Men | bu |
| Issued 08/09/2010 by DK1 | | ' | |
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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: entire the state and control to