FILED EFFECTIVE

No. C 167011	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010	2. Registered Agent and Office **(NOT A P.O. BOX)** RYAN ARFMANN 805 NEWGATE DR IDAHO FALLS ID 83406
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	**1. Mailing Address: Correct in this box if needed.** ~~JUICE IT UP, INC.~~ ~~RYAN ARFMANN~~ ~~805 NEWGATE DR~~ ~~IDAHO FALLS ID 83406~~ Juice It Up, Inc. Ryan Arfmann 1675 Castelli Dr Ammon, ID 83401	3. New Registered Agent Signature.
REINSTATEMENT **FEE DUE:** $30.00		

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and(optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Pres.	Ryan Arfmann	1675 Castelli Dr,	Ammon,	ID,	Bonn.	83401
Sec.	Julie Arfmann	1675 Castelli Dr.	Ammon,	ID,	Bonn.	83401

5. Organized Under the Laws of:	6.
IDAHO C 167011	Signature: Ryan Arfmann Date: 8/19/10 Name (type or print): Ryan Arfmann Title: Pres

Issued 08/18/2010 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM