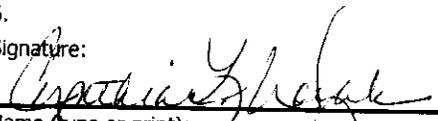


No. W 89548	Reinstatement Annual Report Form ADMIN DISSOLVED 04/11/2011		2. Registered Agent and Office (NOT A P.O. BOX)							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. WOYAK AND COMPANY LLC CYNTHIA L WOYAK 4323 E IONIA ST 714 BERWICK DR MERIDIAN ID 83642 BOISE, ID 83706		CYNTHIA L WOYAK 4323 E IONIA ST 714 BERWICK DR MERIDIAN ID 83642 BOISE, ID 83706 3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;">Manager or Member</td> <td style="width: 20%;">Name</td> <td style="width: 20%;">Street or PO Address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Country</td> <td style="width: 10%;">Postal Code</td> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	CYNTHIA L. WOYAK	714 BERWICK DR	BOISE	ID	ADA	83706				
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
Manager <input type="checkbox"/> Member <input type="checkbox"/>										
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 89548 </div>	6. Signature:  <hr/> Name (type or print): CYNTHIA L. WOYAK			Date: 2/17/15 Title: MANAGER						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 4 - Form