

No. <b>W 51424</b>	<b>Reinstatement Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. SWEET MARKETING LLC <del>SAUNDRA SWEET</del> <i>5631 N. Capitol Blvd</i> <del>10366 BARNSDALE DR</del> <i>Boise</i> BOISE ID 83704		SAUNDRA SWEET <del>10366 BARNSDALE DR</del> BOISE ID 83704  3. New Registered Agent Signature. <i>SAUNDRA SWEET</i>																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>SAUNDRA SWEET</i></td> <td><i>5631 N. Capitol Blvd</i></td> <td><i>Boise</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83704</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>SAUNDRA SWEET</i>	<i>5631 N. Capitol Blvd</i>	<i>Boise</i>	<i>ID</i>	<i>USA</i>	<i>83704</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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:  <b>IDAHO W 51424</b>	6. Signature: <i>SAUNDRA SWEET</i> <div> Name (type or print): <i>SAUNDRA SWEET</i> Date: <i>2/22/14</i> </div> <div> Title: <i>Manager</i> </div>																																					

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**