

No. W 98230	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2012		2. Registered Agent and Office (NOT A P.O. BOX) WENDY MECHAM 2644 W 1000 N REXBURG ID 83440	
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. WENDY'S BEADS LLC WENDY MECHAM 2644 W 1000 N REXBURG ID 83440		3. <u>New</u> Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
<input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)	<u>Wendy Mecham</u> <u>Michael Mecham</u>	<u>2644 W. 1000 N.</u> <u>2644 W. 1000 N.</u>	<u>Rexburg</u> <u>REXburg</u>	<u>ID</u> <u>ID</u>	<u>Madison</u> <u>Madison</u>	<u>83440</u> <u>83440</u>

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 98230 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <u>Wendy Mecham</u> </td> <td style="width: 30%;"> Date: <u>4-1-12</u> </td> </tr> <tr> <td> Name (type or print): <u>Wendy Mecham</u> </td> <td> Title: <u>owner</u> </td> </tr> </table>	Signature: <u>Wendy Mecham</u>	Date: <u>4-1-12</u>	Name (type or print): <u>Wendy Mecham</u>	Title: <u>owner</u>
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Name (type or print): <u>Wendy Mecham</u>	Title: <u>owner</u>				

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