

No. W 131193	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015		2. Registered Agent and Office (NOT A P.O. BOX) UNITED STATES CORPORATION AGENTS INC 3006 E GOLDSTONE DR STE 218 MERIDIAN ID 83642																																			
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. BLUSH EVENTS LLC 414 KIMBERLY DR 2692 Hallon St. IDAHO FALLS ID 83401 Idaho Falls, ID 83402		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Tara Sanders</td> <td>2692 Hallon St.</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83402</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>John Sanders</td> <td>2692 Hallon St.</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83402</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"/>	Tara Sanders	2692 Hallon St.	Idaho Falls	ID	USA	83402	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	John Sanders	2692 Hallon St.	Idaho Falls	ID	USA	83402	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: <div style="text-align: center;">IDAHO W 131193</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> Signature: <u>Tara Sanders</u> Name (type or print): <u>Tara Sanders</u> </td> <td style="width: 40%; padding: 5px;"> Date: <u>10/21/15</u> Title: </td> </tr> </table>			Signature: <u>Tara Sanders</u> Name (type or print): <u>Tara Sanders</u>	Date: <u>10/21/15</u> Title:																																	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM