

<b>No. W 114482</b>		<b>Reinstatement Annual Report Form                  ADMIN DISSOLVED 09/10/2013</b>		<b>2. Registered Agent and Office                  (NOT A P.O. BOX)</b> EDWARD GLINES 11151 DEERRIDGE DR POCATELLO ID 83202																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b> STICKY SWEET HONEY LLC EDWARD GLINES 11151 DEERRIDGE DR POCATELLO ID 83202		<b>3. New Registered Agent Signature.</b>																																				
<b>REINSTATEMENT FEE                  DUE: \$30.00</b>		<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																						
		<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>Edward Glines</td> <td>11151 Deerridge Dr</td> <td>Pocatello</td> <td>ID</td> <td></td> <td>83202</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"/>	Edward Glines	11151 Deerridge Dr	Pocatello	ID		83202	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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<b>5. Organized Under the Laws of:</b>  IDAHO W 114482		<b>6.</b> Signature: <u>Edward Glines</u> Date: <u>9/19/2013</u> Name (type or print): <u>Edward Glines</u> Title: <u>Manager</u>																																						

Issued 09/19/2013 by KAH

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**