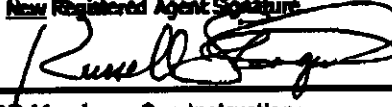


No. W 95666		Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) JUSTIN D BELL 577 HOLLADAY CIRCLE IDAHO FALLS ID 83406 Russell Stenquist 3804 Orchard Circle Idaho Falls, ID 83406																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SOUND FX, LLC JUSTIN D BELL 577 HOLLADAY CIRCLE IDAHO FALLS ID 83406 USA 3804 Orchard Circle Idaho Falls, ID 83406		3. New Registered Agent Signature 																																				
REINSTATEMENT FEE DUE: \$30.00																																								
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 ☐ Member ☒</td><td>Russell Stenquist</td><td>3804 Orchard Circle</td><td>IF</td><td>ID</td><td></td><td>83406</td></tr><tr><td>Manager ☐ Member ☒</td><td>Amy Stenquist</td><td>3804 Orchard Circle</td><td>IF</td><td>ID</td><td></td><td>83406</td></tr><tr><td>Manager ☐ Member ☐</td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager ☐ Member ☐</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 ☐ Member ☒	Russell Stenquist	3804 Orchard Circle	IF	ID		83406	Manager ☐ Member ☒	Amy Stenquist	3804 Orchard Circle	IF	ID		83406	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of IDAHO W 95666		6. Signature:  Name (type or print): Russell Stenquist		Date: 11/18/13 Title: OWNER																																				

Issued 11/18/2013 by JAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. **Note:** DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

**** The usage of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? 208-405-1424