

No. W 96431	Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011		2. Registered Agent and Office (NOT A P.O. BOX) RAY CRUZ 1770 E SUMMERPLACE CT MERIDIAN ID 83646																
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. BABIES RAWK, LLC 1770 E SUMMERPLACE CT MERIDIAN ID 83646		3. <u>New</u> Registered Agent Signature.																
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																			
<table border="0" style="width: 100%;"> <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> <tr> <td colspan="7"> Manager Member (circle one) </td> </tr> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)							<table border="0" style="width: 100%;"> <tr> <td style="width: 20%;"> Ray Cruz Keena Cruz <i>Member</i> </td> <td style="width: 80%;"> 1770 E. Summerplace Meridian, ID USA 83646 1770 E. Summerplace Ct Meridian ID USA 83646 </td> </tr> </table>			Ray Cruz Keena Cruz <i>Member</i>	1770 E. Summerplace Meridian, ID USA 83646 1770 E. Summerplace Ct Meridian ID USA 83646
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5. Organized Under the Laws of: IDAHO W 96431	6. <table border="0" style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 70%;"> Signature: <i>Keena Cruz</i> </td> <td style="width: 30%;"> Date: <i>2/10/12</i> </td> </tr> <tr> <td> Name (type or print): <i>Keena Cruz</i> </td> <td> Title: <i>Member</i> </td> </tr> </table>			Signature: <i>Keena Cruz</i>	Date: <i>2/10/12</i>	Name (type or print): <i>Keena Cruz</i>	Title: <i>Member</i>												
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