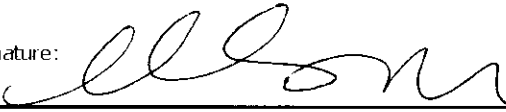


| No. <b>W 96687</b>  | Reinstatement Annual Report Form<br><b>ADMIN DISSOLVED 12/16/2014</b>   | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>MARISA KS WEPPNER<br>2399 N 14TH PL<br>BOISE ID 83702 |                   |       |                      |             |       |         |             |   |                |                 |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|--|-------------------|-------|----------------------|-------------|-------|---------|-------------|---|----------------|-----------------|-------|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>   | 1. <b>Mailing Address: Correct in this box if needed.</b><br>SAGE YOGA AND WELLNESS, LLC<br>MARISA KS WEPPNER<br>242 N 8TH ST STE 200<br>BOISE ID 83702   | 3. <u>New</u> Registered Agent Signature.  |                   |       |                      |             |       |         |             |   |                |                 |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Marisa Weppner</td> <td>2399 N. 14th PL</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83702</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"/> | Marisa Weppner | 2399 N. 14th PL | Boise | ID | USA | 83702 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member   | Name  | Street or PO Address   | City              | State | Country              | Postal Code |       |         |             |   |                |                 |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>   | Marisa Weppner  | 2399 N. 14th PL  | Boise             | ID    | USA                  | 83702       |       |         |             |   |                |                 |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |  |                   |       |                      |             |       |         |             |   |                |                 |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |  |                   |       |                      |             |       |         |             |   |                |                 |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |  |                   |       |                      |             |       |         |             |   |                |                 |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO</b><br><b>W 96687</b>   | 6.<br>Signature: <br>Date: <u>1/6/15</u><br>Name (type or print): <u>Marisa Weppner</u><br>Title: <u>owner</u> |  |                   |       |                      |             |       |         |             |   |                |                 |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issued 01/06/2015 by online   |   |  |                   |       |                      |             |       |         |             |   |                |                 |       |    |     |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

--- THE STATE OF IDAHO SECRET FORM