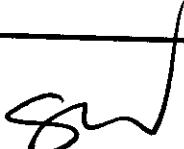


No. W 155161	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016		2. Registered Agent and Office (NOT A P.O. BOX) UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. STUDIO CITIES, LLC 4619 EMERALD ST STE X 106 BOISE ID 83706		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Scott Williams	615 N. Roosevelt	Boise ID ADA 83706
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Denise Ramirez	415 N. Roosevelt	Boise ID ADA 83706
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 155161 </div>		6. Signature:  <hr/> Name (type or print): <u>Scott Williams</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <u>11/18/16</u> Title: <u>Co Owner</u> </div> </div>	

Issued 11/18/2016 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM