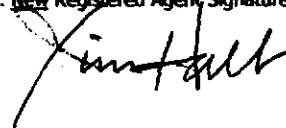
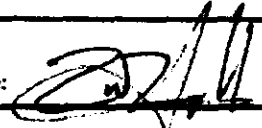


FILED EFFECTIVE

No. <b>W 74200</b>	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX)	
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.  FOLIOTWIST LLC  <del>1119 W WASHINGTON ST #A</del> <del>BOISE ID 83702</del> 207 MOUNTAIN VIEW DR. NAMPA, ID <del>83686</del>		<del>ZACHARY HALBERT</del> <del>1119 W WASHINGTON ST #A</del> <del>BOISE ID 83702</del> JIM HALBERT 207 MOUNTAIN VIEW DR. NAMPA, ID 83686  3. New Registered Agent Signature. 	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Manager/Member	Name	Street or PO Address	City	State Country Postal Code
	ZACHARY HALBERT	1415 E. 2ND ST. #12	LONG BEACH	CA USA 90802
	Daniel Duhrkoop	911 Monterey Blvd,	Hermosa Beach	CA USA 90254
5. Organized Under the Laws of:  IDAHO W 74200		6. Signature:  Date: 1/8/11 Name (type or print): ZACHARY HALBERT Title: MANAGER		
Issued 12/30/2010 by CLH				

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct 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:** 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.

**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.