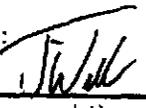


<p>No. <b>W 114940</b></p>	<p><b>Reinstatement Annual Report Form</b>  <b>ADMIN DISSOLVED 09/23/2014</b></p>		<p>2. Registered Agent and Office  <b>(NOT A P.O. BOX)</b>                  JASON WILLIAMS  <del>490 W WILLOW TRACE DR</del>  <del>EAGLE ID 83616</del>                  1035 S. Island Glenn Way                  Eagle, ID 83616</p>																																			
<p>Return to:                  SECRETARY OF STATE                  450 N 4th STREET                  PO BOX 83720                  BOISE, ID 83720-0080</p>	<p>1. <b>Mailing Address: Correct in this box if needed.</b>                  SYNERGY UNLIMITED LLC                  JASON S WILLIAMS  <del>490 W WILLOW TRACE DR</del> 1035 S. Island  <del>EAGLE ID 83616 USA</del> Glenn Way                  Eagle, ID 83616</p>		<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p><b>REINSTATEMENT FEE</b>  <b>DUE: \$30.00</b></p>																																						
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:25%;">Name</th> <th style="width:25%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jason Williams</td> <td>1035 S Island Glenn Way</td> <td>Eagle</td> <td>ID</td> <td>US</td> <td>83616</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"/>	Jason Williams	1035 S Island Glenn Way	Eagle	ID	US	83616	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:   <b>IDAHO</b>  <b>W 114940</b></p>	<p>6. Signature: <u></u>                  Date: <u>11/24/2014</u>                  Name (type or print): <u>Jason Williams</u>                  Title: <u>Manager</u></p>																																					
<p>Issued 11/21/2014 by online</p>																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**