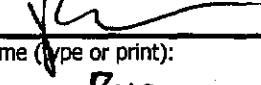


| | | | | | | |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------|--|--|
| No. W 101844 | Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012 | | | 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 | 1. Mailing Address: Correct in this box if needed. HALOS OF MOJO LLC 1187 RIVER ST 1404 W Idaho BOISE ID 83702 | | | RYAN PECK 1187 RIVER ST 1404 W Idaho BOISE ID 83702 | | |
| REINSTATEMENT FEE DUE: \$30.00 | 83702 | | | # Boise, 83702 | | |
| 3. New Registered Agent Signature. | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Name Street or PO Address City State Country Postal Code | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Ryan Peck 1404 W Idaho Boise ID USA 83702 | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | Jared Goodpaster # 1404 W Idaho | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | Boise ID USA 83702 | | | | | |
| 5. Organized Under the Laws of: IDAHO W 101844 | | 6. Signature:  Name (type or print): Ryan Peck | | | | |
| | | Date: 7/3/2012 Title: Ray agent/Mgr | | | | |

Issued 06/14/2012 by JL1

REINSTATEMENT ANNUAL REPORT FORM