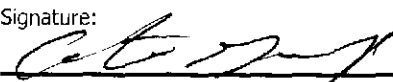
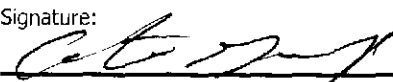
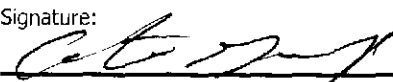


No. W 119044	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) AUSTIN GORRINGE 13277 FOXFIRE CT BOISE ID 83713
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TODDLER TIME LLC AUSTIN GORRINGE 1355 N CLOVERDALE BOISE ID 83713		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Austin Gorringer	1355 N. Cloverdale	Boise	ID		83713
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: <div style="text-align: center;"> IDAHO W 119044 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>3/28/14</u> </td> </tr> <tr> <td> Name (type or print): <u>Austin Gorringer</u> </td> <td> Title: <u>owner</u> </td> </tr> </table>	Signature: 	Date: <u>3/28/14</u>	Name (type or print): <u>Austin Gorringer</u>	Title: <u>owner</u>
Signature: 	Date: <u>3/28/14</u>				
Name (type or print): <u>Austin Gorringer</u>	Title: <u>owner</u>				

Issued 03/21/2016 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM