

No. <b>W 81744</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/13/2011</b>		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  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. INGRIDS, LLC INGRID LEE 242 N 8TH ST STE 210 BOISE ID 83702		BRIAN F MCCOLL 3858 N GARDEN CENTER WAY STE 200 BOISE ID 83703 <i>Ingrid Lee</i> 3102 Treasure Dr BOISE ID 83703  3. New Registered Agent Signature: <i>[Signature]</i>																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Ingrid Lee</td> <td>3102 Treasure Dr</td> <td>Boise</td> <td>ID</td> <td></td> <td>83703</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Ingrid Lee	3102 Treasure Dr	Boise	ID		83703	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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5. Organized Under the Laws of:  <b>IDAHO W 81744</b>		6. Signature: <i>[Signature]</i> Date: <b>4.23.12</b> Name (type or print): <i>Ingrid Lee</i> Title: <i>Member</i>																																				

Issued 04/23/2012 by KAH

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**