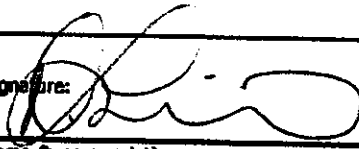


<b>No. W 110827</b> <b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/10/2013</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> DAVID LUSSIER 46 N ROBINSON RD NAMPA ID 83687																																				
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b> 2 FAT GUYS, LLC 46 N ROBINSON RD NAMPA ID 83687																																				
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>		<b>3. New Registered Agent Signature.</b>																																				
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																						
<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 checked="" type="checkbox"/> Member <input type="checkbox"/> </td> <td>DAVID LUSSIER</td> <td>46 N. Robinson Rd</td> <td>Nampa</td> <td>Id</td> <td>USA</td> <td>83687</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"/>	DAVID LUSSIER	46 N. Robinson Rd	Nampa	Id	USA	83687	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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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 110827</b>		<b>6.</b> <b>Signature:</b>  <b>Date:</b> 5-23-13 <b>Name (type or print):</b> David Lussier <b>Title:</b> manager/owner																																				
Issued 05/23/2013 by CLH																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**