

No. W 34701	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) LESLI KLEBESADEL 26 ASPEN DR VICTOR ID 83455 <i>26 ASPEN DR.</i>															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BEVERAGE SHOPPE II, LIMITED LIABILITY COMPANY BARBARA KLEBESADEL PO BOX 597 P.O. BOX 616 BRIGGS ID 83422 VICTOR, ID 83455		3. <u>New</u> Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 35%;">Name</th> <th style="width: 30%;">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: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager Member (circle one)</td> <td>LES LI KLEBESADEL</td> <td>P.O. BOX 616</td> <td>VICTOR,</td> <td>ID</td> <td>US</td> <td>83455</td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)	LES LI KLEBESADEL	P.O. BOX 616	VICTOR,	ID	US	83455
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 34701 </div>		6. <table style="width: 100%;"> <tr> <td style="width: 70%;"> Signature: <i>Lesli Klebesadel</i> </td> <td style="width: 30%;"> Date: <u>12-12-11</u> </td> </tr> <tr> <td> Name (type or print): <u>LES LI KLEBESADEL</u> </td> <td> Title: <u>OWNER-MANAGER</u> </td> </tr> </table>			Signature: <i>Lesli Klebesadel</i>	Date: <u>12-12-11</u>	Name (type or print): <u>LES LI KLEBESADEL</u>	Title: <u>OWNER-MANAGER</u>										
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Issued 12/08/2011 by LJC																		