

No. W 27670		Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) LIZ MARKUS 5436 N RIFFLE WAY BOISE ID 83714																													
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. FSM LLC LIZ MARKUS 5436 N RIFFLE WAY BOISE ID 83714 USA		3. New Registered Agent Signature.																													
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 colspan="7">Manager Member (circle one)</td></tr><tr><td></td><td>Liz Markus</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>member Greg Shannon</td><td>5436 N Riffle Way</td><td>Boise</td><td>ID</td><td></td><td></td></tr></tbody></table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)								Liz Markus							member Greg Shannon	5436 N Riffle Way	Boise	ID		
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	member Greg Shannon	5436 N Riffle Way	Boise	ID																													
5. Organized Under the Laws of: IDAHO W 27670		6. Signature: <u>Greg Shannon</u> Date: <u>4-15-11</u> Name (type or print): <u>GREG SHANNON</u> Title: <u>Member</u>																															
Issued 04/14/2011 by CLH																																	