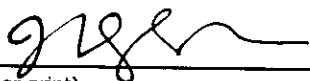
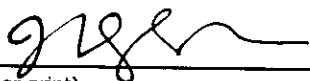
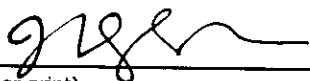


No. W 26624	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) NATHAN W GALPIN MIKESH 641 E CROY HAILEY ID 83333																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00				1. Mailing Address: Correct in this box if needed. VITA BREVIS, LLC JENNIFER L GALPIN-MIKESH PO BOX 2937 HAILEY ID 83333 USA																																		
3. <u>New</u> 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>Manager ☒ Member ☐</td> <td>Jennifer Galpin-Mikesh</td> <td>PO Box 2937</td> <td>Hailey, ID</td> <td>USA</td> <td></td> <td>83333</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Nathan Galpin-Mikesh</td> <td>641 E. Croy St.</td> <td>Hailey, ID</td> <td>USA</td> <td></td> <td>83333</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Jennifer Galpin-Mikesh	PO Box 2937	Hailey, ID	USA		83333	Manager ☐ Member ☒	Nathan Galpin-Mikesh	641 E. Croy St.	Hailey, ID	USA		83333	Manager ☐ Member ☐							Manager ☐ Member ☐						
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