

No. <b>W 40954</b>	Reinstatement Annual Report Form ADMIN DISSOLVED 10/06/2009		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) CONNIE HESSE <del>1675 S BLVD</del> 100 N. Woodruff IDAHO FALLS ID 83404															
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.  DISTINGUISHED IMAGES, LLC  <del>1675 S BLVD</del> 2184 Channing Way #119 IDAHO FALLS ID 83404		3. New Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</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>owner manager</td> <td>Connie Hesse</td> <td>100 N Woodruff</td> <td>Idaho Falls</td> <td>ID</td> <td></td> <td>83404</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	owner manager	Connie Hesse	100 N Woodruff	Idaho Falls	ID		83404
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5. Organized Under the Laws of:  <b>IDAHO W 40954</b>		6. <table border="1"> <tr> <td>Signature: <u>Connie M Hesse</u></td> <td>Date: <u>6-29-10</u></td> </tr> <tr> <td>Name (type or print): <u>Connie M Hesse</u></td> <td>Title: <u>owner</u></td> </tr> </table>			Signature: <u>Connie M Hesse</u>	Date: <u>6-29-10</u>	Name (type or print): <u>Connie M Hesse</u>	Title: <u>owner</u>										
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Issued 06/17/2010 by SLD																		

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**