FILED EFFECTIVE

No. W 32574	Reinstatement Annual Report Form ADMIN DISSOLVED 11/08/2007	2. Registered Agent and Office (NOT A P.O. BOX) JASON FIFE 2586 Stafford Cove Ammon, ID 83406
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. GIZMODATA, LLC 2586 Stafford Cove Ammon, ID 83406	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
LLC	Jason Fife	2586 Stafford Cove	Ammon	ID	Bonneville	83406
LLC	Lynee Fife	2586 Stafford Cove	Ammon	ID	Bonneville	83406

LLC Manager Jason Fife 2586 Stafford Cove, Ammon ID Bonneville 83406

LLC ~~Member~~ Manager Lynee Fife 2586 Stafford Cove, Ammon ID Bonneville 83406

5. Organized Under the Laws of:	6.
IDAHO W 32574	Signature: JFIFE Date: 5 JUNE 2008 Name (type or print): Jason Fife Title: ~~Member~~ LLC Manager

Issued 06/03/2008 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". **These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.