

No. W 44115 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013 1. Mailing Address: Correct in this box if needed. SHOPPES OF HARMONY LLC MELANIE KAY CRIPPEN 205 INDIANA COEUR D ALENE ID 83814 USA		2. Registered Agent and Office (NOT A P.O. BOX) MELANIE KAY CRIPPEN 3523 NORTH 21ST PLACE COEUR D'ALENE ID 83815 3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/>	Name <i>Melanie Crippen</i> <i>Deborah Smith</i>	Street or PO Address <i>3523 N 21st Pl Coeur d'Alene Id</i> <i>3523 N 21st Pl Coeur d'Alene Id</i>	
		City State Country Postal Code <i>Coeur d'Alene ID 83815</i> <i>Coeur d'Alene ID 83815</i>	
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO W 44115</div>			
6. Signature: <i>Melanie Crippen</i> Date: <i>1/30/13</i> Name (type or print): <i>MELANIE CRIPPEN</i> Title: <i>MANAGER</i>			

Issued 01/23/2013 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM