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No. W 98247	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2012		2. Registered Agent and Office (NOT A P.O. BOX) PAULA KAMP 102 WATERVIEW LN SAGE ID 83800 509 5th Ave Ste E Sandpoint ID 83864														
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. CARUSOE ENTERPRISES, LLC PAULA KAMP PO BOX 682 SANDPOINT ID 83864		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>managing member</td> <td>Paula Kamp</td> <td>509 N FIFTH AVE, STE E</td> <td>SANDPOINT</td> <td>ID</td> <td></td> <td>83864</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	managing member	Paula Kamp	509 N FIFTH AVE, STE E	SANDPOINT	ID		83864
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code											
managing member	Paula Kamp	509 N FIFTH AVE, STE E	SANDPOINT	ID		83864											

5. Organized Under the Laws of: IDAHO W 98247	6. Signature: <u>Paula Kamp</u> Date: <u>4.2.12</u> Name (type or print): <u>PAULA KAMP</u> Title: <u>Manager</u>	
Issued 04/02/2012 by CLH		