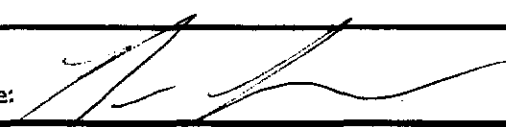


No. <b>W 38369</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/08/2009</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) NICK LOUIE 1520 DIVISION AVE BOISE ID 83706			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  CURBS 4 LESS LLC  PO BOX 140206 BOISE ID 83714		3. <u>New</u> Registered Agent Signature.			

<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b>						
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code
<i>owner</i> <i>member</i>	<i>Nick LOUIE</i>	<i>P.O. Box 140206</i>	<i>Boise</i>	<i>ID</i>	<i>USA</i>	<i>83714</i>

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">           IDAHO            W 38369         </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 70%;">           Signature:   <hr/>           Name (type or print): <i>Nick Louie</i> </div> <div style="width: 25%; text-align: right;">           Date: <i>1-21-11</i>  <hr/>           Title: <i>Owner</i> </div> </div>
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Issued 01/21/2011 by LJM

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM