

No. W 99441 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0090 <i>the wrong our error</i> REINSTATEMENT DUPLICATE	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012 1. Mailing Address: Correct in this box if needed. MOM'S PLACE GLUTEN-FREE, LLC L FAITH PALMER 11281 N 5TH W IDAHO FALLS ID 83401	2. Registered Agent and Office (NOT A P.O. BOX) L FAITH PALMER 11281 N 5TH W IDAHO FALLS ID 83401 3. <u>New</u> Registered Agent Signature.
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4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	L. Faith Palmer	11281 N. 5th W.	Idaho Falls	ID	Bonneville	83401
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Misty Dawn Holzgank	11281 N. 5th W.	Idaho Falls	ID	Bonneville	83401
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 99441 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <i>L. Faith Palmer</i> Name (type or print): <u>L. Faith Palmer</u> </td> <td style="width: 40%;"> Date: <u>5/8/12</u> Title: <u>Owner</u> </td> </tr> </table>	Signature: <i>L. Faith Palmer</i> Name (type or print): <u>L. Faith Palmer</u>	Date: <u>5/8/12</u> Title: <u>Owner</u>
Signature: <i>L. Faith Palmer</i> Name (type or print): <u>L. Faith Palmer</u>	Date: <u>5/8/12</u> Title: <u>Owner</u>		

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM