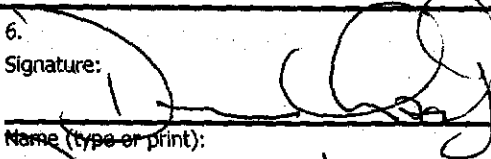


No. W 68718	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2012		2. Registered Agent and Office (NOT A P.O. BOX) DAREN LADY 703 E BERWICK BOISE ID 83706																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. LADY POOL & SPA, LLC PO BOX 5775 BOISE ID 83705		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
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>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Debra Lady</td> <td>703 Berwick</td> <td>Boise</td> <td>Id</td> <td>ADA</td> <td>83706</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Daren Lady</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Dustin Schenstrom</td> <td>" "</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Debra Lady	703 Berwick	Boise	Id	ADA	83706	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Daren Lady	" "	"	"	"	"	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Dustin Schenstrom	" "	"	"	"	"	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Debra Lady	703 Berwick	Boise	Id	ADA	83706																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Daren Lady	" "	"	"	"	"																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Dustin Schenstrom	" "	"	"	"	"																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 68718	6. Signature:  Name (type or print): <u>DAREN Lady</u>		Date: <u>8-15-12</u> Title: <u>Member</u>																																			
Issued 08/15/2012 by SLD																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM