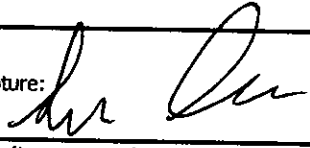


No. <b>W 45587</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/12/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> SPENCER ANDREWS 71 REVEILLE LANE SANDPOINT ID 83864																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. DUMMY BOY PUBLISHING, LLC 322 N PROMENADE LP B201 <del>POST FALLS ID 83854</del>		3. <u>New</u> 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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>SPENCER ANDREWS</td> <td>71 REVEILLE LN</td> <td>SANDPOINT</td> <td>ID</td> <td>USA</td> <td>83864</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> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></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 checked="" type="checkbox"/> Member <input type="checkbox"/>	SPENCER ANDREWS	71 REVEILLE LN	SANDPOINT	ID	USA	83864	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	SPENCER ANDREWS	71 REVEILLE LN	SANDPOINT	ID	USA	83864																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 45587</b>		6. Signature:  Date: <u>04/17/13</u> Name (type or print): <u>SPENCER ANDREWS</u> Title: <u>OWNER</u>																																				

Issued 04/17/2013 by PEH

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM