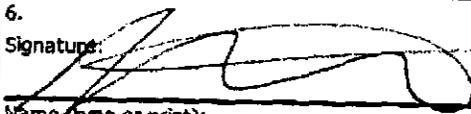


12/29/2016

W 142585

No. W 142585		Reinstatement Annual Report Form ADMIN DISSOLVED 12/20/2016		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT J AUSTIN 1299 BLUEBERRY TRAIL BLACKFOOT ID 83221																																				
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. SLEEP WELLNESS CENTER LLC ROBERT J AUSTIN 1299 BLUEBERRY TRAIL BLACKFOOT ID 83221		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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Robert Austin</td> <td>1299 Blueberry</td> <td>Blackfoot</td> <td>ID</td> <td></td> <td>83221</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 checked="" type="checkbox"/>	Robert Austin	1299 Blueberry	Blackfoot	ID		83221	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  IDAHO W 142585		6. Signature:  Name (type or print): Robert J. Austin		Date: 12/29/16 Title: Managing Member																																				
Issued 12/29/2016 by online																																								

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM