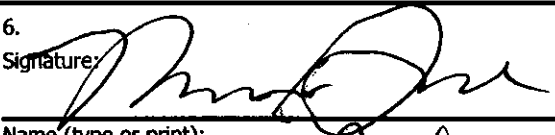


No. <b>W 100134</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 05/10/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KIMBAL M ANDERSON 1922 N 21ST BOISE ID 83702
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> BODYMAJIK LLC. 1922 N 21ST BOISE ID 83702		3. <u>New</u> Registered Agent Signature.
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Kimbal Anderson      1922 N 21st      Boise      ID      Adn      83702			
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:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO              W 100134           </div>		6. Signature:  <hr/> Name (type or print): <u>Kimbal Anderson</u> <div style="float: right; text-align: right;">           Date: <u>Jan 28 2014</u>            Title: <u>Director</u> </div>	
Issued 01/28/2014 by JL1			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM