

No. <b>W 80286</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/08/2011</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> <del>RANDI PETERSON</del> <i>Shaina Jensen</i> 613 S 13TH NO 210 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. Mailing Address: Correct in this box if needed. TROUNCES, LLC <del>1765 E BAYSHORE RD NO 211</del> <del>PALO ALTO CA 94308</del> <b>617 S. 13th St, #210</b> <b>BOISE, ID 83702</b>		3. New Registered Agent Signature. <i>Shaina Jensen</i>																																				
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><i>Shaina Jensen</i></td> <td><i>617 S. 13th St, #210</i></td> <td><i>Boise</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83702</i></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"/>	<i>Shaina Jensen</i>	<i>617 S. 13th St, #210</i>	<i>Boise</i>	<i>ID</i>	<i>USA</i>	<i>83702</i>	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:  <b>IDAHO</b> <b>W 80286</b>		6. Signature: <i>Shaina Jensen</i> Name (type or print): <i>Shaina Jensen</i> Date: <i>March 28, 2013</i> Title: <i>Manager</i>																																					

Issued 03/28/2013 by JL1

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM