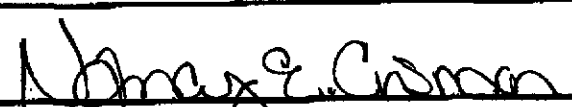
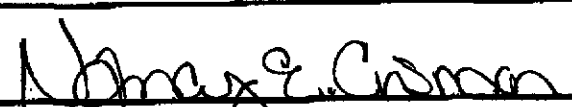
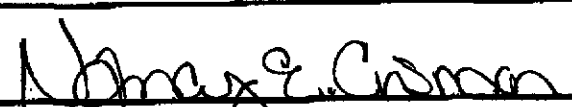


No. W 75165	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2011		2. Registered Agent and Office (NOT A P.O. BOX) NANCY E CRISMON 1675 HWY 28 SALMON ID 83467								
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JEZEBEL'S ALL NATURAL HANDMADE LLC NANCY E. CRISMON PO BOX 2 TENDON ID 83468-0002		3. <u>New</u> Registered Agent Signature.								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.											
Manager or Member Manager Member (circle one)	Name	Street or PO Address	City State Country Postal Code								
☒	Nancy E. Crismon	PO BOX 2	Tendoy ID. USA 83468								
5. Organized Under the Laws of: IDAHO W 75165		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Signature:</td> <td style="width: 40%; text-align: center;">  </td> <td style="width: 30%;">Date:</td> <td style="width: 10%; text-align: center;"> 9-22-2011 </td> </tr> <tr> <td>Name (type or print):</td> <td style="text-align: center;"> Nancy E. Crismon </td> <td>Title:</td> <td style="text-align: center;"> Owner </td> </tr> </table>		Signature:		Date:	9-22-2011	Name (type or print):	Nancy E. Crismon	Title:	Owner
Signature:		Date:	9-22-2011								
Name (type or print):	Nancy E. Crismon	Title:	Owner								
Issued 09/22/2011 by LIC											