

No. <b>W 50580</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2008</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) <del>JOEL E SWEAT</del> <i>OK</i> <del>5715 HWY 93</del> <del>JEROME ID 83338</del> <i>568 Baker St</i> <i>Twin Falls, ID 83301</i>			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  CUSTOM CREATIONS LLC  <del>812 MAIN AVE N</del> <del>TWIN FALLS ID 83301</del> <i>568 Baker St</i> <i>Twin Falls, ID 83301</i>		3. <u>New Registered Agent Signature.</u>			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
	<i>Joel Sweat</i>	<i>568 Baker St</i>	<i>Twin Falls</i>	<i>ID</i>	<i>USA</i>	<i>83301</i>
5. Organized Under the Laws of:  <b>IDAHO W 50580</b>		6. Signature: <i>Joel Sweat</i>  Name (type or print): <i>Joel Sweat</i>		Date: <i>9/26/09</i>  Title: <i>owner</i>		
Issued 08/25/2009 by KAH						