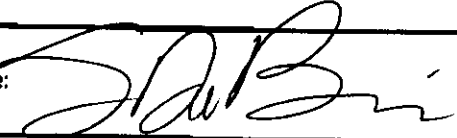


No. W 98384	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2013		2. Registered Agent and Office (NOT A P.O. BOX) STACEY DUBOIS 215 S SPRING LAKE WY STAR ID 83669 Denise DuBois 2050 E STONY BROOK CT Eagle ID 83616																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. 5937 N. COBBLER LN., LLC STACEY DUBOIS 215 S SPRING LAKE WY STAR ID 83669 USA		3. New Registered Agent Signature: 																																			
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 ☐ Member ☐</td> <td>STACEY DuBois</td> <td>215 S Springlake Way</td> <td>STAR</td> <td>ID</td> <td></td> <td>83669</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☐	STACEY DuBois	215 S Springlake Way	STAR	ID		83669	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 98384	6. Signature:  Date: 12-29-13 Name (type or print): STACEY DuBOIS Title: _____																																					

Issued 10/16/2013 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM