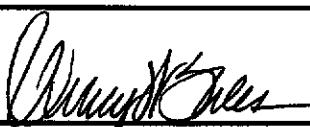


No. W 99928	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2012		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> JOEL T SALES 4154 S TICONDEROGA WAY BOISE ID 83706
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  NUAGE LLC 4154 S TICONDEROGA WAY BOISE ID 83706		3. <u>New</u> Registered Agent Signature.
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <i>TRACY W SALES</i>	Street or PO Address <i>4154 S TICONDEROGA WAY BOISE, ID - USA, 83706</i>	City <i>BOISE</i> State <i>IDAHO</i> Country <i>USA</i> Postal Code <i>83706</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"/>			
5. Organized Under the Laws of:  IDAHO W 99928	6. Signature:  Name (type or print): <i>TRACY W. SALES</i>		
	Date: <i>7-24-2012</i>		
	Title: <i>OWNER</i>		