

No. W 89410	Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015		2. Registered Agent and Office (NOT A P.O. BOX) GAYLE H WOOLLEY 782 S 1000 E DRIGGS ID 83422																																			
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. SHOEBOX DIGITAL IMAGING AND DESIGN, LLC GAYLE H WOOLLEY 780 S. 1000 E. DRIGGS ID 83422 USA RACHEL KUNZ 975 E. 750 S. DRIGGS, IDAHO 83422		RACHEL KUNZ 975 E. 750 S. DRIGGS, IDAHO 83422 3. New Registered Agent Signature. Rachel Kunz																																			
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>RACHEL KUNZ</td> <td>975 E. 750 S.</td> <td>DRIGGS</td> <td>ID.</td> <td>USA</td> <td>83422</td> </tr> <tr> <td>Manager ☒ Member ☐</td> <td>GAYLE WOOLLEY</td> <td>782 S. 1000 E.</td> <td>DRIGGS</td> <td>ID.</td> <td>USA</td> <td>83422</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>MEGHAN ANDERSON</td> <td>119 N. GRANT ST.</td> <td>LYMAN.</td> <td>WY.</td> <td>USA</td> <td>82937</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 ☒	RACHEL KUNZ	975 E. 750 S.	DRIGGS	ID.	USA	83422	Manager ☒ Member ☐	GAYLE WOOLLEY	782 S. 1000 E.	DRIGGS	ID.	USA	83422	Manager ☐ Member ☒	MEGHAN ANDERSON	119 N. GRANT ST.	LYMAN.	WY.	USA	82937	Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 89410		6. Signature: Rachel Kunz Date: 4/7/15 Name (type or print): Rachel Kunz Title: Member																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM