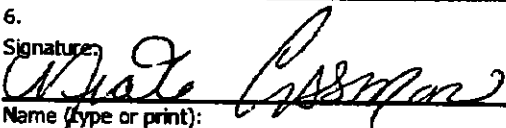


No. W 82999	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011		2. Registered Agent and Office (NOT A P.O. BOX) NICOLE CROSSMAN 2116 COLORADO AVE 2301 N. Swainson Ave CALDWELL ID 83605 Meridian, ID 83646																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GIGGLES AND WIGGLES LLC NICOLE CROSSMAN 2116 COLORADO AVE 2301 N. Swainson Ave. CALDWELL ID 83605 Meridian, ID 83646		3. New Registered Agent Signature. N/A																																			
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>Nicole Crossman</td> <td>2301 N. Swainson Ave.</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83646</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 ☐	Nicole Crossman	2301 N. Swainson Ave.	Meridian	ID	USA	83646	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager ☒ Member ☐	Nicole Crossman	2301 N. Swainson Ave.	Meridian	ID	USA	83646																																
Manager ☐ Member ☐																																						
Manager ☐ Member ☐																																						
Manager ☐ Member ☐																																						
5. Organized Under the Laws of: IDAHO W 82999		6. Signatures:  Name (type or print): Nicole Crossman Date: 5-8-13 Title: Owner																																				

Issued 05/01/2013 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM