




No. W 84706	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) JASON DODD 596 W OAKHAMPTON DR 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. NERDY DRAGON, LLC. JASON DODD 596 W OAKHAMPTON DR EAGLE ID 83616		3. <u>New</u> Registered Agent Signature.															
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</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</td><td>Jason Dodd</td><td>596 W oakhampton Dr.</td><td>Eagle</td><td>ID</td><td>USA</td><td>83616</td></tr></tbody></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Manager	Jason Dodd	596 W oakhampton Dr.	Eagle	ID	USA
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
Manager	Jason Dodd	596 W oakhampton Dr.	Eagle	ID	USA	83616												
5. Organized Under the Laws of: IDAHO W 84706	6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>10/15/10</td></tr><tr><td>Name (type or print):</td><td>Jason Dodd</td><td>Title:</td><td>Manager</td></tr></table>				Signature:		Date:	10/15/10	Name (type or print):	Jason Dodd	Title:	Manager						
Signature:		Date:	10/15/10															
Name (type or print):	Jason Dodd	Title:	Manager															
Issued 10/14/2010 by LJC																		