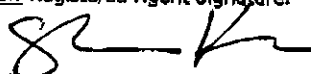


No. W 65947	Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CROSSOVER CONSULTING, LLC 449 NEFF CIRCLE BLACKFOOT ID 83221 284 Mark Ave Rexburg ID 83440		SHANE HUMPHERYS 449 NEFF CIRCLE BLACKFOOT ID 83221 284 Mark Ave Rexburg ID 83440																																			
REINSTATEMENT FEE DUE: \$30.00			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>Shane Humpherys</td><td>284 Mark Ave</td><td>Rexburg</td><td>ID</td><td>USA</td><td>83440</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 ☐	Shane Humpherys	284 Mark Ave	Rexburg	ID	USA	83440	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 65947	6. Signature:  Date: 11-8-12 Name (type or print): Shane Humpherys Title: Owner																																					

Issued 11/08/2012 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM