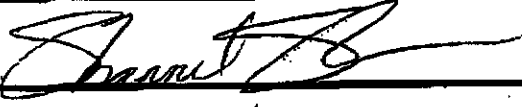
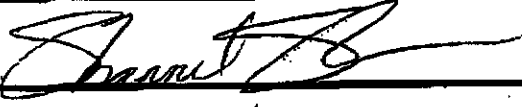
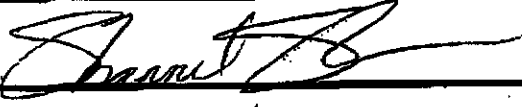


No. W 92602 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011 1. Mailing Address: Correct in this box if needed. DIASOZO, LLC SHANNEL SCHUMANN 5284 W MCLEAN RD COEUR D ALENE ID 83814	2. Registered Agent and Office (NOT A P.O. BOX) SHANNEL SCHUMANN 5284 W MCLEAN RD COEUR D ALENE ID 83814 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 (circle one)</td><td>Shannel Schumann</td><td>5284 W. McLean</td><td>Reid</td><td>ID</td><td>USA</td><td>83814</td></tr></tbody></table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	☒ Manager ☐ Member (circle one)	Shannel Schumann	5284 W. McLean	Reid	ID	USA	83814
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5. Organized Under the Laws of: IDAHO W 92602	6. <table border="1"><tr><td>Signature: </td><td>Date: 7/22/11</td></tr><tr><td>Name (type or print): Shannel Schumann</td><td>Title: Manager</td></tr></table>		Signature: 	Date: 7/22/11	Name (type or print): Shannel Schumann	Title: Manager										
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Issued 07/21/2011 by CLH																