FILED EFFECTIVE

No. W 100429	Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012	2. Registered Agent and Office (NOT A P.O. BOX) AYNSLEY PETERSEN 687 SUNSHINE DR TWIN FALLS ID 83301
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. MAROZIE, LLC<br~~687 SUNSHINE DR~~ TWIN FALLS ID 83301~~~~ 1563 Fillmore St. Ste. 2B Twin Falls, ID 83301	3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☒ Member ☐	Aynsley Peterson	1563 Fillmore St. Ste 2B	Twin Falls,	ID		83301
Manager ☒ Member ☐	Tiffany Coltmon	1563 Fillmore St. Ste 2B	Twin Falls,	ID		83301
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO W 100429	Aynsley Peterson Name (type or print): Aynsley Peterson	5-21-12 Title: Manager (owner)

Issued 05/21/2012 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM