No. W 96822	Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011	2. Registered Agent and Office (NOT A P.O. BOX) LAUNIE STEMBRIDGE Shelman 3401 COBBLESTONE LN 3570 Charleston IDAHO FALLS ID 83404
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. LAUNIE.COM, LLC LAUNIE STEMBRIDGE - Launie Shelman 3401 COBBLESTONE LN 3570 Charleston Cir IDAHO FALLS ID 83404	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

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 [X] Member [ ]	Launie Shelman	3570 Charleston Cir	Idahofalls	Id		83404
Manager [X] Member [ ]	Colby Shelman	"	"	"		"
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						

5. Organized Under the Laws of:	6.
IDAHO W 96822	Signature: Name (type or print): Launie Shelman Date: 3/8/13 Title: Manager

Issued 03/08/2013 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM