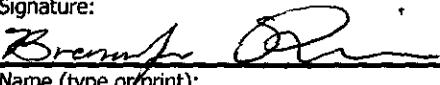


No. W 99240	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012			2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. FUN AND BALANCED LIVING LLC. BRENNALYN ROBINSON 11448 PURPLE SAGE RD MIDDLETON ID 83644			BRENNALYN ROBINSON 11448 PURPLE SAGE RD MIDDLETON ID 83644	
<b>REINSTATEMENT FEE</b> <b>DUEDUE: \$30.00</b>				3. <u>New</u> Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <b>Brennaly n Robinson</b>	Street or PO Address <b>11448 Purple Sage Rd. Middleton, ID</b>	City	State	Country <b>USA</b> Postal Code <b>83644</b>
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of: <b>IDAHO</b> <b>W 99240</b>		6. Signature:  Name (type or print): <b>Brennaly n Robinson</b>			
		Date: <b>6/15/2012</b> Title: <b>Manager</b>			

Issued 06/15/2012 by CLH

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM