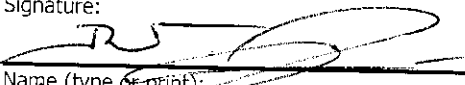


No. W 104667	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012		2. Registered Agent and Office (NOT A P.O. BOX) JEREMY ANDERSON 2601 WASHINGTON AVENUE BURLEY ID 83318																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. IBIG, LLC JEREMY ANDERSON 322 EAST MAIN PMB 208 BURLEY ID 83318		3. <u>New</u> Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00																																							
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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JEREMY ANDERSON</td> <td>74 W. 1000.</td> <td>RAVART</td> <td>ID</td> <td>USA</td> <td>83350</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>NATHAN ROBINSON</td> <td>2502 Twinview Ln.</td> <td>Twin Falls,</td> <td>ID</td> <td></td> <td>83301</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JEREMY ANDERSON	74 W. 1000.	RAVART	ID	USA	83350	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	NATHAN ROBINSON	2502 Twinview Ln.	Twin Falls,	ID		83301	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JEREMY ANDERSON	74 W. 1000.	RAVART	ID	USA	83350																																	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	NATHAN ROBINSON	2502 Twinview Ln.	Twin Falls,	ID		83301																																	
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																							
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																							
5. Organized Under the Laws of: IDAHO W 104667		6. Signature:  Name (type or print): <u>JEREMY T. ANDERSON</u>			Date: <u>11-13-12</u> Title: <u>MEMBER</u>																																		
Issued 10/23/2012 by SLD																																							