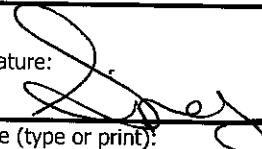


No. W 112379 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013 1. Mailing Address: Correct in this box if needed. BALANCED SOLUTIONS LLC 3313 W CHERRY LN #132 MERIDIAN ID 83642	2. Registered Agent and Office (NOT A P.O. BOX) STEPHANIE KING 2510 MAGIC VIEW DR MERIDIAN ID 83642 3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 20%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">Stephanie King 3313 W Cherry Lane #132 Meridian, ID 83642</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Stephanie King 3313 W Cherry Lane #132 Meridian, ID 83642						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 112379 </div>	6. Signature:  Name (type or print): <u>Stephanie King</u> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Date: <u>7/10/13</u> Title: <u>Manager</u> </div> </div>																																				

Issued 07/10/2013 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM