

REINSTATEMENT

FILED EFFECTIVE

No. W 23862	Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	ADMIN DISSOLVED 07/08/2008		AUDREY L. TUCKER <i>Martin</i>												
	1. Mailing Address - Correct in this box, if applicable MOBILE BIKE SERVICE LLC. 6138 N WIDGEON WAY BOISE, ID 83714		5961 N BROOK PL <i>Wolford</i> BOISE, ID 83714 <i>6138 N. Widgeon</i> <i>Boise ID 83714</i> <i>wy.</i>												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td><i>Member</i></td> <td><i>Martin Wolford</i></td> <td><i>6138 N. Widgeon Wy,</i></td> <td><i>Boise,</i></td> <td><i>ID</i></td> <td><i>83714</i></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	<i>Member</i>	<i>Martin Wolford</i>	<i>6138 N. Widgeon Wy,</i>	<i>Boise,</i>	<i>ID</i>	<i>83714</i>
Office held	Name	Street or P.O. Address	City	State	Zip										
<i>Member</i>	<i>Martin Wolford</i>	<i>6138 N. Widgeon Wy,</i>	<i>Boise,</i>	<i>ID</i>	<i>83714</i>										
5. Organized under the laws of: IDAHO W 23862	6. <i>Martin Wolford</i> Signature _____ Date <i>7-14-08</i> Name (Typed or Printed) <i>Martin Wolford</i> Title <i>Member</i>														

Issued 7/14/2008 by DK1