REINSTATEMENT

_					FILED	EFFECTIVE	
No	· W 36744		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 TELL BUILD 200 00			ADMIN DISSOLVED 05/08/2008 Mailing Address - Correct in this box, if applicable MY HARRIS & ASSOCIATES CPA, PLLC MY J HARRIS HARRIS		AMY J HARRIS 104 PINEWOOD LN KETCHUM, ID 83340 3. New registered agent signature		
4.	Corporations: Enter Names and Bu Limited Liability Companies: Enter N Limited and Limited Liability Partner Office held Name		mes and Addresses of mana hips: Enter names and addr Street or F	gement. esses of at least two (2) partners. <u>P.O. Address</u>	City	State Zip	
	Member	Hmy Ha	vris 71828	F Kahuna Rd	Kapaa	H± 96746	
		•					
.	and the second	, ren .		**			
5. (Organized under the laws of:		6.	4 · ·	Date	Clas Inci	
	IDAHO W 36744		Signature (Typed or Printed)			G 22-109 Bookkeaper	
	Issued 5/29/2000 h	v I IM					