

Reinstatement for W 15914

**FILED EFFECTIVE** Page 1 of 2

| No. W 15914                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 10/06/2009</b>                                                                |                      | 2. Registered Agent and Office (NOT a P.O. BOX)<br>PACIFIC REGISTERED AGENTS INC<br>7146 N AARON ST<br>COEUR D'ALENE ID 83815 |             |         |                      |      |       |         |             |         |                                                                                |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------|---------|----------------------|------|-------|---------|-------------|---------|--------------------------------------------------------------------------------|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 88720<br>BOISE, ID 83720-8880<br><br>REGISTRATION FEE<br>\$30.00                                                                                                                                                                                                                                                                                                     | 3. Mailing Address Correct in this box if needed.<br><br>THORNHILL ENTERPRISE LTD. CO.<br><br>942 WINDERMERE DR. NW<br>SALEM OR 97304 |                      |                                                                                                                               |             |         |                      |      |       |         |             |         |                                                                                |  |  |  |  |  |
| 3. Non Registered Agent Signature.                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                       |                      |                                                                                                                               |             |         |                      |      |       |         |             |         |                                                                                |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.<br><table border="1"> <thead> <tr> <th>Office Name</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</td> <td colspan="6">C. A. ECLAT SOLUTIONS LTD.<br/>60 MARKET SQUARE<br/>BELIZE CITY, POB 364, BELIZE</td> </tr> </tbody> </table> |                                                                                                                                       |                      |                                                                                                                               | Office Name | Name    | Street or PO Address | City | State | Country | Postal Code | MANAGER | C. A. ECLAT SOLUTIONS LTD.<br>60 MARKET SQUARE<br>BELIZE CITY, POB 364, BELIZE |  |  |  |  |  |
| Office Name                                                                                                                                                                                                                                                                                                                                                                                                                         | Name                                                                                                                                  | Street or PO Address | City                                                                                                                          | State       | Country | Postal Code          |      |       |         |             |         |                                                                                |  |  |  |  |  |
| MANAGER                                                                                                                                                                                                                                                                                                                                                                                                                             | C. A. ECLAT SOLUTIONS LTD.<br>60 MARKET SQUARE<br>BELIZE CITY, POB 364, BELIZE                                                        |                      |                                                                                                                               |             |         |                      |      |       |         |             |         |                                                                                |  |  |  |  |  |
| 5. Organized under the laws of: 6.<br><div style="display: flex; justify-content: space-between;"> <div data-bbox="337 1014 597 1117">           IDAHO<br/>W 15914         </div> <div data-bbox="621 993 1375 1117">           Signature: <i>Natalija Kucinskaja</i> Date: 11/19/09<br/>           Name (Type or print): MRS. Natalija Kucinskaja Title: MANAGER         </div> </div>                                             |                                                                                                                                       |                      |                                                                                                                               |             |         |                      |      |       |         |             |         |                                                                                |  |  |  |  |  |
| Issued 11/09/2009 by SLD                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                       |                      |                                                                                                                               |             |         |                      |      |       |         |             |         |                                                                                |  |  |  |  |  |