

REINSTATEMENT

No. C 177835	Annual Report Form ADMIN DISSOLVED 06/04/2009		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	1. Mailing Address - Correct in this box, if applicable ALLSTAR COUNSELING, INC. PO BOX 1876 IDAHO FALLS, ID 83401		MANDY LUIS 515 BOB O LINK IDAHO FALLS, ID 83401 3. New registered agent signature												
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>President</td> <td>Mandy Luis</td> <td>6287 S. 46th E</td> <td>Idaho Falls</td> <td>Id</td> <td>83401</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	Mandy Luis	6287 S. 46th E	Idaho Falls	Id	83401
Office held	Name	Street or P.O. Address	City	State	Zip										
President	Mandy Luis	6287 S. 46th E	Idaho Falls	Id	83401										
5. Organized under the laws of: IDAHO C 177835	6. <table border="0"> <tr> <td>Signature</td> <td><i>Mandy Luis</i></td> <td>Date</td> <td>7-1-09</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Mandy Luis</td> <td>Title</td> <td>President</td> </tr> </table>			Signature	<i>Mandy Luis</i>	Date	7-1-09	Name (Typed or Printed)	Mandy Luis	Title	President				
Signature	<i>Mandy Luis</i>	Date	7-1-09												
Name (Typed or Printed)	Mandy Luis	Title	President												

FEE EFFECTIVE

Issued 6/12/2009 by CLH