

REINSTATEMENT

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|---|---|--|-------------|--------------|------------|
| No. W 6960 | Annual Report Form ADMIN DISSOLVED 12/06/2000 | 2. Registered Agent and Office NOT A P.O. BOX THOMAS JOHN CLARK 526 29TH ST LEWISTON, ID 83501 | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00 | 1. Mailing Address - Correct in this box, if applicable | 3. <u>New</u> registered agent signature | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one) | | | | | |
| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
| member | Thomas J Clark | 526 29 TH STREET | LEWISTON | ID | 83501 |
| member | Peter J Broyles | 2110 2 ND STREET | LEWISTON | ID | 83501 |
| member | Larry J Cochran | 1110 RIVERVIEW ST N | LEWISTON | ID | 83501 |
| 5. Organized under the laws of: IDAHO W 6960 | | 6. Signature <u>Thomas J Clark</u> Date <u>12/22/2000</u> Name (Typed or Printed) <u>Thomas J Clark</u> Title <u>Member</u> | | | |