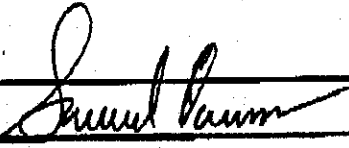


REINSTATEMENT

No. C 105339	Annual Report Form ADMIN DISSOLVED 08/08/2007	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	SPECIALTY MANAGEMENT, INC. ROBERTA R DAVIS PO BOX 103 COUNCIL, ID 83612	SAMUEL DAVIS 1922 HWY 95 COUNCIL, ID 83612																			
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="1"> <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>Samuel Davis</td> <td>2430 Loppin Lane 11</td> <td>Council</td> <td>Idc</td> <td>83612</td> </tr> <tr> <td>Secretary</td> <td>Roberta Davis</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Office held	Name	Street or P.O. Address	City	State	Zip	President	Samuel Davis	2430 Loppin Lane 11	Council	Idc	83612	Secretary	Roberta Davis					3. New registered agent signature	
Office held	Name	Street or P.O. Address	City	State	Zip																
President	Samuel Davis	2430 Loppin Lane 11	Council	Idc	83612																
Secretary	Roberta Davis																				
5. Organized under the laws of: IDAHO C 105339		6. Signature  Date <u>2/13/08</u> Name <u>Samuel Davis</u> Title <u>President</u>																			

Issued 2/13/2008 by KAH