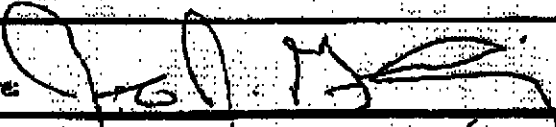


**FILED EFFECTIVE**

No. <b>W 80927</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 04/11/2011</b>		2. Registered Agent and Office (NOT A P.O. BOX) <b>MICHAEL E LAWRENCE 593 BLUEBELL AVE TWIN FALLS ID 83301</b>
Return to: SECRETARY OF STATE 450 N. 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  <b>CUSTOM FINANCE OPTIONS, LLC MICHAEL E LAWRENCE PO BOX 2258 TWIN FALLS ID 83303 USA</b> <i>JACOB J. GARLING 468 Hunter Ave. Twin Falls, ID 83301</i>		3. New Registered Agent Signature
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager Member (circle one)			
<b>JACOB J. GARLING</b>	<b>JACOB J. GARLING</b>	<b>468 Hunter Ave.</b>	<b>Twin Falls ID, 83301</b>
5. Organized Under the Laws of:  <b>IDAHO W 80927</b>		6. Signature:  Name (type or print): <b>JACOB J. GARLING</b> Date: <b>6-1-11</b> Title: <i>Member</i>	
Issued 06/01/2011 by LIC			