REINSTATEMENT

No. W 34731	Annual Report Form ADMIN DISSOLVED 02/08/2007	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**	1. Mailing Address - Correct in this box, if applicable BIO-IDAHO L.L.C. JACOB SCHMILLEN P.O BOX ~~3640~~ P.O. Box 3819 KETCHUM, ID 83340	JACOB SCHMILLEN 126 BOARD LOOP KETCHUM, ID 83340 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.

Office held	Name	Street or P.O. Address	City	State	Zip
Member	Jacob Schmillen	Post Office Box 3819	Ketchum	ID	83340

5. Organized under the laws of:	6.
IDAHO W 34731	Signature [signature] Date 8-21-08 Name (Typed or Printed) Jacob Schmillen Title Member

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