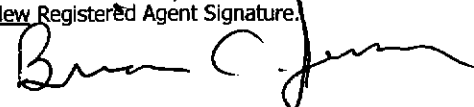
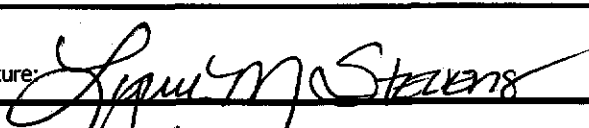
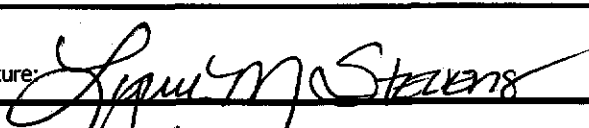
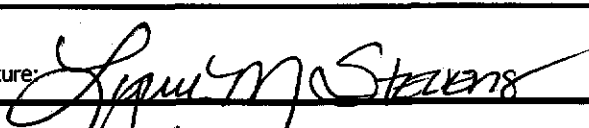


No. C 162869	Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2011		2. Registered Agent and Office (NOT A P.O. BOX) LYNN M STEVENS 153 LEISURE LANE SANDPOINT ID 83864 Brian C Jensen CPA 520 Cedar St Ste A Sandpoint, ID 83864								
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. STEVENS SIDING, INC. LYNN M STEVENS 153 LEISURE LANE SANDPOINT ID 83864 USA		3. New Registered Agent Signature: 								
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.											
Office Held	Name	Street or PO Address	City State Country Postal Code								
President/CEO	GARY F. STEVENS	153 LEISURE LANE	Sandpoint Id Bonner 83864								
Sec/Treasurer	LYNN M STEVENS	153 LEISURE LANE	Sandpoint Id Bonner 83864								
5. Organized Under the Laws of: IDAHO C 162869		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Signature:</td> <td style="width: 40%;"></td> <td style="width: 30%;">Date:</td> <td style="width: 10%;">1/31/11</td> </tr> <tr> <td>Name (type or print):</td> <td>Lynn M. Stevens</td> <td>Title:</td> <td>1/31/11</td> </tr> </table>		Signature:		Date:	1/31/11	Name (type or print):	Lynn M. Stevens	Title:	1/31/11
Signature:		Date:	1/31/11								
Name (type or print):	Lynn M. Stevens	Title:	1/31/11								
Issued 01/27/2011 by JL1											