Vision of respondent

; 3342080;

REINSTATEMENT FILED EFFECTIVE

| o. W 5967 | | Annual Report Form | | 2. Registered Agent and Office NOT A P.O. BO) |
|---|---|--|--|---|
| Retum to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00 | | | | T J ANGSTMAN 3649 LAKEHARBOR LANE |
| | | CLLC WALL MAMSENA T J ANGSTMAN T J ANGSTMAN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX | 3649 Lakeharbor Boise, ID 83703 | BOISE, ID 83703 .ane 3. <u>New</u> registered agent signature |
| Corpore | ations: Enter Names and Liability Companies: Ent | Business Addresses of President Names and Addresses of | nt, Secretary and Directors Managers or | on e) |
| Office I | held Name | Street or P. | O. Address | <u>Çity Ştate Zip</u> |
| | Member, T | .J. Angstman, 364 | 19 Lakeharbor Lane, | Boise, ID 83703 |
| | | | | |
| | | | M | |
| . Organize | d under the laws of: | 6. | M/_ | Date 1/5/05 |
| 5, Organize | of under the laws of: IDAHO W 5967 | 6. Signature Name (Typed or | Ty Angstman, Mem | Jate |