

REINSTATEMENT

No. W 385 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	Annual Report Form ADMIN DISSOLVED 09/10/2001 1. Mailing Address - Correct in this box, if applicable KEBOB LIMITED LIABILITY COMPANY KEITH A WEEKS 4010 N ORCHARD STE #4 9543 W. Emerald Ste. C BOISE, ID 83706 83704	2. Registered Agent and Office NOT A P.O. BOX KEITH A WEEKS 4010 N ORCHARD STE #4 9543 W. Emerald Ste C BOISE, ID 83706 83704 3. <u>New</u> registered agent signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <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>Manager</td> <td>Keith Weeks</td> <td>9543 W. Emerald, Ste C</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> <tr> <td>Manager</td> <td>Robert Weeks</td> <td>9543 W. Emerald Ste C</td> <td>Boise</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Keith Weeks	9543 W. Emerald, Ste C	Boise	ID	83704	Manager	Robert Weeks	9543 W. Emerald Ste C	Boise	ID	83704
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5. Organized under the laws of: IDAHO W 385	6. Signature <u>[Signature]</u> Date <u>12/11/01</u> Name (Typed or Printed) <u>Keith Weeks</u> Title <u>Manager</u>																			

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