

REINSTATEMENT

No. C 107582	Annual Report Form ADMIN DISSOLVED 12/05/2008		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 NORTHLAND WOODS INSPECTION DEPOT, I BILL KIZER PO BOX 3188 BONNERS FERRY, ID 83805		BILL KIZER HCR 61 BOX 189 B BONNERS FERRY, ID 83805 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 management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0"> <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>PRES.</td> <td>Bill Kizer</td> <td>12345678901234567890</td> <td>Bonnars Id</td> <td></td> <td>83805</td> </tr> <tr> <td>Sec.</td> <td>ANN KIZER</td> <td>State PO Box 3188</td> <td>Ferry</td> <td></td> <td></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRES.	Bill Kizer	12345678901234567890	Bonnars Id		83805	Sec.	ANN KIZER	State PO Box 3188	Ferry		
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PRES.	Bill Kizer	12345678901234567890	Bonnars Id		83805																	
Sec.	ANN KIZER	State PO Box 3188	Ferry																			
5. Organized under the laws of: IDAHO C 107582		6. Signature <u>WKS</u> Date <u>12/19/08</u> Name (Typed or Printed) <u>Bill Kizer</u> Title <u>PRES</u>																				

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