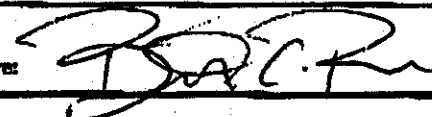


No. W 48961	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2007		2. Registered Agent and Office (NOT A P.O. BOX) CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PROFESSIONAL MARKETING GROUP, LLC 4125 Fairview Dr. 1000 S. 1000 E. ST. 200 Ammon, ID 83406		3. New Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Member President/Owner</td><td>Brent Rowe</td><td>4125 Fairview Dr.</td><td>Ammon</td><td>ID</td><td>U.S.A.</td><td>83406</td></tr></tbody></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member President/Owner	Brent Rowe	4125 Fairview Dr.	Ammon	ID	U.S.A.	83406
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
Member President/Owner	Brent Rowe	4125 Fairview Dr.	Ammon	ID	U.S.A.	83406												
5. Organized Under the Laws of: IDAHO W 48961		6. Signature:  Name (type or print): Brent C. Rowe			Date: 12/21/07 Title: Member President													
Issued 12/21/2007 by NLS																		

DEC 24 PM 2:30
SECRETARY OF STATE
STATE OF IDAHO