REINSTATEMENT

No. C 100981	Annual Report Form ADMIN DISSOLVED 05/07/2007	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	SUSAN MCLIMANS 1259 CANDLERIDGE CIRCLE
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	SKM ENTERPRISES, INC. SUE MCLIMANS PO BOX 144 TWIN FALLS, ID 83303	TWIN FALLS, ID 83301 3. New registered agent signature
Limited Liability Companies: Enter Limited and Limited Liability Partn	Business Addresses of President, Secretary and Directors Names and Addresses of management. erships: Enter names and addresses of at least two (2) partners. Street or P.O. Address UMANS 1259 Condlend ge Curcle MCUMANS 363 Adams Swalt	SECRETARY OF STATE OF IDAHO
		S S
5Organized under the laws of:	le c mal	Date 5/28/07
IDAHO C 100981	Name (Typed or SUE MCUMAS	Date Pres.

Issued 05/25/2007 by SLD