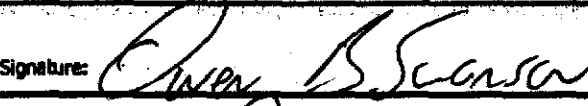


No. C 155823	Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009		2. Registered Agent and Office (NOT A P.O. BOX) OWEN B SWANSON 1201 MT DEARY CREEK RD DEARY ID 83823																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. O.S. CONTRACTORS, INC. OWEN B SWANSON PO BOX 272 DEARY ID 83823		3. New Registered Agent Signature. 																						
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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>President</td> <td>Owen B Swanson</td> <td>P.O. Box 272</td> <td>Deary</td> <td>Id.</td> <td>USA</td> <td>83823</td> </tr> <tr> <td>Secretary</td> <td>Leah A Swanson</td> <td>P.O. Box 272</td> <td>Deary</td> <td>Id.</td> <td>USA</td> <td>83823</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Owen B Swanson	P.O. Box 272	Deary	Id.	USA	83823	Secretary	Leah A Swanson	P.O. Box 272	Deary	Id.	USA	83823
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President	Owen B Swanson	P.O. Box 272	Deary	Id.	USA	83823																			
Secretary	Leah A Swanson	P.O. Box 272	Deary	Id.	USA	83823																			
5. Organized Under the Laws of: IDAHO C 155823		6. Signature:  Date: <u>1/2/00</u> Name (type or print): <u>Owen B Swanson</u> Title: <u>President</u>																							
Issued 12/30/2009 by KAH																									

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:**