REINSTATEMENT

No. C 82979	Annual Report Form ADMIN DISSOLVED 04/07/2004	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1 Mailing Address Correct in this box if applicable	915 MAIN ST
	VALLI INFORMATION SYSTEMS, INC. TODD E. YOUREN POOCH S. SCHLINS 915 MAIN ST. STE. 1000	SUITE 1000 CALDWELL, ID 83605
FEE DUE \$30.00	CALDWELL, ID 83605	New registered agent signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of □ Managers or □ Members (check one)		
Office held Name President Rov	Street or P.O. Address LET D. DENKINS 915 Main!	State Colours ID 83605
VICE Pres. Du	pen L EDuxard>	1 1
Director De	rry Jenkinis ilye Jenkins	
Director 13	inge both	1
	PAI	
Organized under the laws of: IDAHO	6. Signature	Date 4 20 104
C 82979	Name (Typed or Robert O ank!	\bigcirc

Issued 04/14/2004