

No. W 86499	Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010		2. Registered Agent and Office (NOT A P.O. BOX) STEVE ALLISON 2079 CRYSTAL WY BOISE ID 83706														
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. ALLISON & ASSOCIATES, LLC 6663 N GLENWOOD ST BOISE ID 83706		3. New Registered Agent Signature.														
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Manager/Member</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</td><td>Steve Allison</td><td>1116 S. Vista #105</td><td>Boise</td><td>ID</td><td>USA</td><td>83706</td></tr></tbody></table>				Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code	Member	Steve Allison	1116 S. Vista #105	Boise	ID	USA
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code											
Member	Steve Allison	1116 S. Vista #105	Boise	ID	USA	83706											
5. Organized Under the Laws of: IDAHO W 86499	6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>11/23/10</td></tr><tr><td>Name (type or print):</td><td>Steve Allison</td><td>Title:</td><td>Owner/Member</td></tr></table>				Signature:		Date:	11/23/10	Name (type or print):	Steve Allison	Title:	Owner/Member					
Signature:		Date:	11/23/10														
Name (type or print):	Steve Allison	Title:	Owner/Member														
Issued 11/23/2010 by CLH																	