

No. W 49139	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2008		2. Registered Agent and Office (NOT A P.O. BOX) BRIT GROOM 204 SOUTH BLVD ST GRANGEVILLE ID 83530				
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. SNS ENTERPRISES, L.L.C. BRIT GROOM 1197 OLD HIGHWAY 7 PO BOX 227 PO BOX 731 COTTONWOOD ID 83522 GRANGEVILLE ID 83530						
3. New Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.							
5. Organized Under the Laws of:	6.						
IDAHO W 49139	<table border="0"> <tr> <td data-bbox="544 1081 1193 1144">Signature: <u>Sam M. Robinson</u></td> <td data-bbox="1193 1081 1356 1144">Date: <u>10/8/08</u></td> </tr> <tr> <td data-bbox="544 1144 1193 1207">Name (type or print): <u>Sam M. Robinson</u></td> <td data-bbox="1193 1144 1356 1207">Title: <u>Member</u></td> </tr> </table>			Signature: <u>Sam M. Robinson</u>	Date: <u>10/8/08</u>	Name (type or print): <u>Sam M. Robinson</u>	Title: <u>Member</u>
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