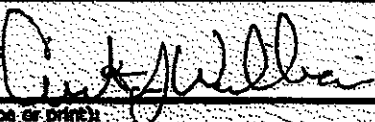


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No. C 140401	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2013		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ADVANCED COMPRESSOR AND HOSE, INC. CURTIS WILLIAMS 6215 E COMMERCE LOOP UNIT A POST FALLS ID 83854 USA		CURTIS WILLIAMS 6215 E COMMERCE LOOP UNIT A POST FALLS ID 83854														
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <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>Curtis Williams</td> <td>PO BOX 3277</td> <td>Post Falls</td> <td>ID</td> <td></td> <td>83877</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Curtis Williams	PO BOX 3277	Post Falls	ID		83877
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Curtis Williams	PO BOX 3277	Post Falls	ID		83877											
5. Organized Under the Laws of: IDAHO C 140401	6. Signatures:  Name (Type or Print): CURTIS J. WILLIAMS		Date: 1-23-14 Title: President														

(Issued 01/23/2014 by JAH)

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM