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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------|-----------------------------------|----------------------|----------------------------------------------|-------------------------|
| No. <b>C 153663</b>                                                                                                                                                       | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 06/04/2009</b>                                                         |                                                                                                                                                                                                                                                                                                   | 2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> )<br>SUSAN HASBROUCK<br>909 N 20TH<br>BOISE ID 83702 |                                  |                                   |                      |                                              |                         |
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT</b><br><b>FEE DUE: \$30.00</b>                       | 1. Mailing Address: Correct in this box if needed.<br><br>PLEIADES GROUP, INC.<br>SUSAN HASBROUCK<br>909 N 20TH ST<br>BOISE ID 83702 |                                                                                                                                                                                                                                                                                                   | 3. <u>New</u> Registered Agent Signature.                                                                   |                                  |                                   |                      |                                              |                         |
| <b>4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.</b>                                                   |                                                                                                                                      |                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                  |                                   |                      |                                              |                         |
| <b>Office Held</b>                                                                                                                                                        | <b>Name</b>                                                                                                                          | <b>Street or PO Address</b>                                                                                                                                                                                                                                                                       | <b>City</b>                                                                                                 | <b>State Country Postal Code</b> |                                   |                      |                                              |                         |
| President                                                                                                                                                                 | Susan HASBROUCK                                                                                                                      | 909 N 20th st                                                                                                                                                                                                                                                                                     | Boise ID                                                                                                    | U.S.A. 83702                     |                                   |                      |                                              |                         |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">C 153663</div> |                                                                                                                                      | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Signature: <u>Susan Hasbrouck</u></td> <td style="width: 40%;">Date: <u>2.10.12</u></td> </tr> <tr> <td>Name (type or print): <u>SUSAN HASBROUCK</u></td> <td>Title: <u>President</u></td> </tr> </table> |                                                                                                             |                                  | Signature: <u>Susan Hasbrouck</u> | Date: <u>2.10.12</u> | Name (type or print): <u>SUSAN HASBROUCK</u> | Title: <u>President</u> |
| Signature: <u>Susan Hasbrouck</u>                                                                                                                                         | Date: <u>2.10.12</u>                                                                                                                 |                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                  |                                   |                      |                                              |                         |
| Name (type or print): <u>SUSAN HASBROUCK</u>                                                                                                                              | Title: <u>President</u>                                                                                                              |                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                  |                                   |                      |                                              |                         |
| Issued 02/10/2012 by LJM                                                                                                                                                  |                                                                                                                                      |                                                                                                                                                                                                                                                                                                   |                                                                                                             |                                  |                                   |                      |                                              |                         |