## REINSTATEMENT

ED EFF

No.	C 111318	Annual Report Form ADMIN DISSOLVED 10/07/2008	2. Registered Agent and Office NOT A P.O. BOX
450 N 4 PO BO BOISE	ETARY OF STATE  WH STREET  OX 83720  E, ID 83720-0080  E \$30.00	1. Mailing Address - Correct in this box, if applicable  NTS, INC.  MIKE FISCARELLI  368 + VINTAGE WAY  BOISE, ID 89708  FALL \$3705 &361 (	MIKE FISCARELLI 3651 WINTAGE WAY 8 YO W. Ca ( a BOISE, ID 83706 P).  Call 836(6)  3. New registered agent signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners.  Office held  Name Street or P.O. Address City State Zip  President  Wichael Fiscarelli Stor N. Centedents Carle FD  936/6  Use President  Which Fiscarelli Stor N. Caledonic Carle FD  936/6  Dector  Dector  Dector  Dector			
5. Organiz	zed under the laws of: IDAHO C 111318	Signature  Name (Typed or Midee of Fiscare)	Date 10-14-08  vzelli Title Resident

Issued 10/14/2008 by DK1