

# REINSTATEMENT

| No. <b>W 9888</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Annual Report Form</b><br>ADMIN DISSOLVED 01/05/2001                                                                                                                                                                       |                                                                                                                                     | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                                                                                                             |              |                    |             |                               |             |              |            |                |                     |                           |                    |           |              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------|-------------|-------------------------------|-------------|--------------|------------|----------------|---------------------|---------------------------|--------------------|-----------|--------------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>FEE DUE \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1. Mailing Address - Correct in this box, if applicable<br><b>STC INVESTMENTS, LLC</b><br><b>BRENT CHRISTENSEN</b><br><del>109 W 17TH ST</del> <i>2735 Salmon Street</i><br><br>IDAHO FALLS, ID <del>83404</del> <i>83406</i> |                                                                                                                                     | <del>BRENT CHRISTENSEN</del> <i>Tricia Patter</i><br>109 W 17TH ST<br><br>IDAHO FALLS, ID 83404<br><br>3. New registered agent signature<br><i>Tricia Patter</i> |              |                    |             |                               |             |              |            |                |                     |                           |                    |           |              |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)<br><br><table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td><i>Manager</i></td> <td><i>Ashley Allen</i></td> <td><i>2735 Salmon Street</i></td> <td><i>Idaho Falls</i></td> <td><i>ID</i></td> <td><i>83406</i></td> </tr> </tbody> </table> |                                                                                                                                                                                                                               |                                                                                                                                     |                                                                                                                                                                  |              | <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | <i>Manager</i> | <i>Ashley Allen</i> | <i>2735 Salmon Street</i> | <i>Idaho Falls</i> | <i>ID</i> | <i>83406</i> |
| <u>Office held</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <u>Name</u>                                                                                                                                                                                                                   | <u>Street or P.O. Address</u>                                                                                                       | <u>City</u>                                                                                                                                                      | <u>State</u> | <u>Zip</u>         |             |                               |             |              |            |                |                     |                           |                    |           |              |
| <i>Manager</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <i>Ashley Allen</i>                                                                                                                                                                                                           | <i>2735 Salmon Street</i>                                                                                                           | <i>Idaho Falls</i>                                                                                                                                               | <i>ID</i>    | <i>83406</i>       |             |                               |             |              |            |                |                     |                           |                    |           |              |
| 5. Organized under the laws of:<br>IDAHO<br>W 9888                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                               | 6. Signature <i>Tricia Patter</i> Date <i>2-24-03</i><br>Name (Typed or Printed) <i>Tricia Patter</i> Title <i>registered agent</i> |                                                                                                                                                                  |              |                    |             |                               |             |              |            |                |                     |                           |                    |           |              |

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