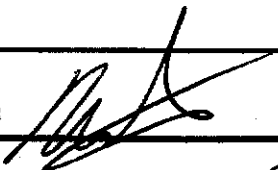


No. C 120319	Reinstatement Annual Report Form ADMIN DISSOLVED 10/07/2008		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL WILLIAMS 4028 THORN CREEK CT MERIDIAN ID 83642																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. THORN CREEK ENTERPRISES, INC. MICHAEL WILLIAMS 4028 W THORN CREEK CT MERIDIAN ID 83642		3. New Registered Agent Signature.																						
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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>MICHAEL WILLIAMS</td> <td>4028 W THORN CREEK CT</td> <td>MERIDIAN</td> <td>ID</td> <td></td> <td>83642</td> </tr> <tr> <td>SEC/Treas</td> <td>DIANNE WILLIAMS</td> <td>4028 W THORN CREEK CT</td> <td>MERIDIAN</td> <td>ID</td> <td></td> <td>83642</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	MICHAEL WILLIAMS	4028 W THORN CREEK CT	MERIDIAN	ID		83642	SEC/Treas	DIANNE WILLIAMS	4028 W THORN CREEK CT	MERIDIAN	ID		83642
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5. Organized Under the Laws of: IDAHO C 120319		6. Signature:  Date: 3/24/2009 Name (type or print): DR MICHAEL WILLIAMS Title: President																							