REINSTATEMENT FILED EFFECTIVE

No. W 53249	Annual Report Form ADMIN DISSOLVED 11/06/2008	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 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable ARTIFEX, LLC *****HIGHEL SANDOVAL- 19627 COMMONWEALTH AVE CALDWELL, ID 83605	CARLOS E LARIOS 19627 COMMONWEALTH AVE CALDWELL, ID 83605 3. New registered agent signature
Limited Liability Companies: Ente Limited and Limited Liability Part Office held Name	Business Addresses of President, Secretary and Directors or Names and Addresses of management. Inerships: Enter names and addresses of at least two (2) partners. Street or P.O. Address LOVICOS 1962+ Commonwealth Auc J FLUNA 1962+ Commonwealth	City State Zip Caldwell 10 83603 NGaldwell 10 83605
5. Organized under the laws of: IDAHO W 53249	6. Signature	Date 2 18 08
Issued 12/18/2008 by NLB	Name (Typed or Printed) (AVVS \AV(O)	