REINSTATEMENT

No. W 30987		Annual Report Form ADMIN DISSOLVED 09/05/2007			2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STA	1. Mailing A	1. Mailing Address - Correct in this box, if applicable			EDWARD C WAGNER DMD 2033 E SUMMERSWEET DR		
450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	2 033 E (CTEA, LLC 2 033 E SUMMERSWEET D R BOISE, ID-83716			BOISE, ID 83716 2031 E HOSPITALITY LN #10 BOISE, ID 83716		
FEE DUE \$30.00 20		2031 E HOSPITALITY LN #100 BOISE, ID 83716			3, New registered agent signature		
Limited Liability Com	panies: Enter Names and	Addresses of ma er names and ad	dent, Secretary and Direct anagement. ddresses of at least two (2) or P.O. Address		State	Zip	
Member	CHAD W. ROSK	LLEY 920	00 S TALON LN	BOISE	ID	83709	
Member	EDWARD C. WA	NER 599	99 E GATEWAY DRIV	E BOISE	ID	83716	
	•						
5. Organized under the la	ws of:	6.		<u> </u>			
IDAH W 30	Ю	Signature	Louis (.Lyman	te <u>9/15/2</u>		
VV 30	וספנ	Name (Typed	o <u>EDWARD C. WAGN</u>	IER Tit	e <u>Memben</u>	·	

Issued 9/9/2008 by DK1