

No. C 137809	Reinstatement Annual Report Form ADMIN DISSOLVED 05/06/2005		2. Registered Agent and Office (NOT A P.O. BOX) JULIE WAWIRKA 203 1ST ST COUNCIL ID 83612 <i>2408 Orchard Rd Council 83612</i>					
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. WAWIRKA, INC. JULIE WAWIRKA PO BOX 127 COUNCIL ID 83612 <i>2408 Orchard Rd</i> <i>Council ID 83612</i>		3. New Registered Agent Signature.					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.								
Office Held	Name	Street or PO Address	City	State Country Postal Code				
Pres	Julie Wawirka	2408 Orchard Rd	Council ID 83612					
5. Organized Under the Laws of: IDAHO C 137809		6. <table border="0"> <tr> <td>Signature: <i>Julie Wawirka</i></td> <td>Date: <i>12-15-2011</i></td> </tr> <tr> <td>Name (type or print): <i>Julie Wawirka</i></td> <td>Title: <i>President</i></td> </tr> </table>			Signature: <i>Julie Wawirka</i>	Date: <i>12-15-2011</i>	Name (type or print): <i>Julie Wawirka</i>	Title: <i>President</i>
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Issued 11/28/2011 by SLD								