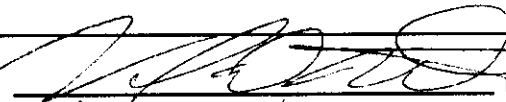
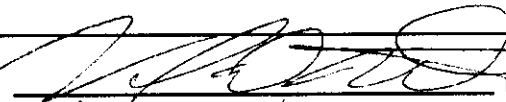
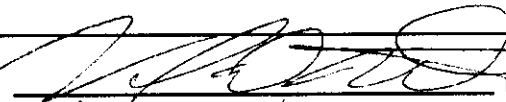
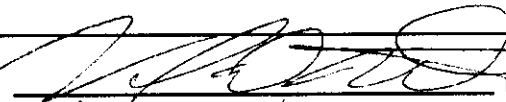
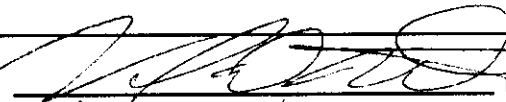
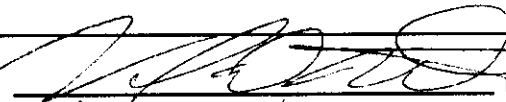


REINSTATEMENT

No. W 28779	Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	ADMIN DISSOLVED 05/05/2006 1. Mailing Address - Correct in this box if applicable		BLAKE S ATKIN 7579 N WEST SIDE HWY CLIFTON, ID 83228								
	BUTTERFLY EXPRESS, L.C. LAREE WESTOVER 500 N MAIN HWY CLIFTON, ID 83228										
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)											
<table border="0"> <tr> <td data-bbox="230 833 745 962"> 5. Organized under the laws of: IDAHO W 28779 </td> <td colspan="4" data-bbox="745 833 1761 962"> <table border="0"> <tr> <td data-bbox="745 833 1381 962"> 6. Signature  Name (Typed or Printed) <u>Val D Westover</u> </td> <td data-bbox="1381 833 1761 962"> Date <u>5/18/06</u> Title <u>manager</u> </td> </tr> </table> </td> </tr> </table>					5. Organized under the laws of: IDAHO W 28779	<table border="0"> <tr> <td data-bbox="745 833 1381 962"> 6. Signature  Name (Typed or Printed) <u>Val D Westover</u> </td> <td data-bbox="1381 833 1761 962"> Date <u>5/18/06</u> Title <u>manager</u> </td> </tr> </table>				6. Signature  Name (Typed or Printed) <u>Val D Westover</u>	Date <u>5/18/06</u> Title <u>manager</u>
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