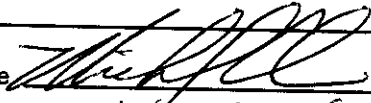


FILED EFFECTIVE

REINSTATEMENT

No. C 146737	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	1. Mailing Address - Correct in this box, if applicable WESTERN STATES COLLEGE OF PERFORMIN 402 MAIN ST GOODING, ID 83338		MICHAEL CLAIR 402 MAIN ST GOODING, ID 83338 3. <u>New</u> registered agent signature																									
<p>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)</p> <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Michael Clair</td> <td>375 Ridgeway DR</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Director</td> <td>Darcie Clair</td> <td>375 Ridgeway DR</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Director/ SECRETARY</td> <td>Lois Glenn</td> <td>HER64 Box 9107</td> <td>Ketchum</td> <td>ID</td> <td>83340</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Michael Clair	375 Ridgeway DR	Twin Falls	ID	83301	Director	Darcie Clair	375 Ridgeway DR	Twin Falls	ID	83301	Director/ SECRETARY	Lois Glenn	HER64 Box 9107	Ketchum	ID	83340
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5. Organized under the laws of: IDAHO C 146737		6. Signature  Name (Typed or Printed) <u>Michael Clair</u> Date <u>4/4/06</u> Title <u>President</u>																										

Issued 03/29/2006 by LD1