REINSTATEMENT FILED EFFECTIVE

No. C 21949	Annual Report Form ADMIN DISSOLVED 02/06/2008	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 HAROLD-KINNE POST NO. 3296 VETERANS PO BOX 1270 OROFINO, ID 83544	~~JAMES J UNGER~~ LOUIS A. ROANE 330 MICHIGAN OROFINO, ID 83544 3. New registered agent signature

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of management.
Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners.

Office held	Name	Street or P.O. Address	City	State	Zip
POST COMMANDER	ALLAN BRUCKMANN	PO BOX 1270	OROFINO	ID	83544
POST QUARTERMASTER	LOUIS A. ROANE, JR	PO BOX 1270	OROFINO	ID	83544

5. Organized under the laws of:
IDAHO
C 21949

6.
Signature _____ Date 02/19/08
Name (Typed or Printed) LOUIS A. ROANE, JR. Title POST QUARTERMASTER

Issued 2/14/2008 by SLD