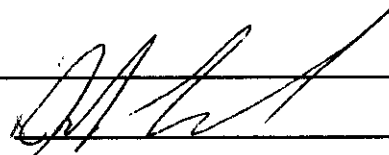


FILED EFFECTIVE

REINSTATEMENT

No. C 145869	Annual Report Form ADMIN DISSOLVED 01/07/2004		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 - Complete in this box, if applicable		JOHN R LILJENQUIST 1315 RIDGEWOOD DR																			
	LILJENQUIST ENTERPRISES INC. 510 E 17TH ST #229 329 S Woodruff Ave IDAHO FALLS, ID 83404 83401		329 S Woodruff Ave AMMON, ID 83406 Idaho Falls, ID 83401 3. <u>New</u> registered agent signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one) <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>John R Liljenquist</td> <td>329 S Woodruff Ave,</td> <td>Idaho Falls,</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>Director:</td> <td>John R Liljenquist</td> <td>329 S Woodruff Ave,</td> <td>Idaho Falls,</td> <td>ID</td> <td>83401</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	John R Liljenquist	329 S Woodruff Ave,	Idaho Falls,	ID	83401	Director:	John R Liljenquist	329 S Woodruff Ave,	Idaho Falls,	ID	83401
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Director:	John R Liljenquist	329 S Woodruff Ave,	Idaho Falls,	ID	83401																	
5. Organized under the laws of: IDAHO C 145869		6. Signature  Name (Typed or Printed) <u>JOHN R LILJENQUIST</u> Title <u>PRESIDENT</u> Date <u>8/26/04</u>																				

Issued 08/12/2004 by MS1