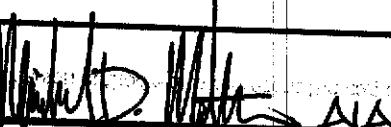


No. C 157205		Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL D MATTIAS AIA 109 S 4TH ST BELLEVUE ID 83313			
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>		1. Mailing Address: Correct in this box if needed.  AFTERHOURS DESIGN, PA  P O BOX 1733 HAILEY ID 83333		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	
<b>PRESIDENT, MICHAEL D. MATTIAS, 109 S. 4TH ST., BELLEVUE, ID, HAILEY, 83313</b>							
<b>SEC./TRES., P. AMBER MATTIAS, 109 S. 4TH ST., BELLEVUE, ID, HAILEY, 83313</b>							
5. Organized Under the Laws of:  <b>IDAHO C 157205</b>		6. Signature:  Name (type or print): <b>MICHAEL D. MATTIAS, AIA</b> Date: <b>3/1/10</b> Title: <b>PRES.</b>					
Issued 02/25/2010 by SLD							

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM