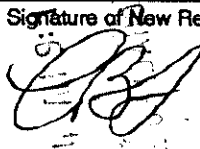
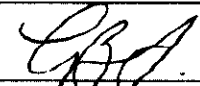


REINSTATEMENT

No. C 105237		Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON P.O. BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00 FORFEITED 12/2/96		1. Mailing Address - Please Correct, If Not Correct SOLUTIONS, INC. 7575 W. Hauser Lake Rd. Post Falls, ID 83854		Chad Stevens 7575 W. Hauser Lake Rd. Post Falls, ID 83854													
				3. Organized Under the Laws of: ID C 105237													
<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>Chad Stevens</td> <td>7575 W. Hauser Lake Rd.</td> <td>Post Falls</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table> <p>Vice-President, Secretary, Treasurer and Board of Directors---see continuation sheet.</p> <p style="text-align: center;"><i>See att.</i></p>						Office Held	Name	Street or P.O. Address	City	State	Zip	President	Chad Stevens	7575 W. Hauser Lake Rd.	Post Falls	ID	83854
Office Held	Name	Street or P.O. Address	City	State	Zip												
President	Chad Stevens	7575 W. Hauser Lake Rd.	Post Falls	ID	83854												
5. Signature of New Registered Agent		6.															
		Signature  Date <u>7/31/99</u> Name (Typed or Printed) <u>CHAD B. STEVENS</u> Title <u>President</u>															

FILED

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- 1.) Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.
NOTE: The name of the business entity cannot be altered on the annual report form.
- 2.) If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
- 3.) Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.
 Limited Liability Company: Enter the names and addresses of the managers or members in block 4.
NOTE: Putting "same as last year" WILL NOT be accepted.
- 4.) Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- 5.) Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.
 Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.
- 6.) If new registered Agent, please sign block 5.

REINSTATEMENT
ANNUAL REPORT FORM
SOLUTIONS, INC.

4. Continuation of answer:

	<u>Name</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Vice-President:	Janelle Stevens	7575 W. Hauser Lake Rd.	Post Falls, ID		83854
Secretary:	William Hertzberg	P.O. Box 430 Spirit Lake,	ID		83869
Treasurer:	Janelle Stevens	7575 W. Hauser Lake Rd.	Post Falls, ID		83854
Directors:					
Position 1	Chad Stevens	7575 W. Hauser Lake Rd.	Post Falls, ID		83854
Position 2	Janelle Stevens	7575 W. Hauser Lake Rd.	Post Falls, ID		83854
Position 3	Lloyd Smith	645 Chisholm Ct.	Post Falls, ID		83854
Position 4	Lee Smith	645 Chisholm Ct.	Post Falls, ID		83854
Position 5	Al Agee	P.O. Box 915 Rathdrum,	ID		83858
Position 6	Carolyn Agee	P.O. Box 915 Rathdrum,	ID		83858
Position 7	William Hertzberg	P.O. Box 430 Spirit Lake,	ID		83869