

No. <b>C 183405</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/07/2010</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> )																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  ROB GOODSON PLUMBING, INC. ROBERT A GOODSON 215 JANTONI DR BOISE ID 83712		ROBERT A GOODSON 215 JANTONI DR BOISE ID 83712																						
3. New Registered Agent Signature.																									
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>ROBERT GOODSON</td> <td>215 Jantoni Dr</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83712</td> </tr> <tr> <td>Pres</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Manager	ROBERT GOODSON	215 Jantoni Dr	Boise	ID	USA	83712	Pres						
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Manager	ROBERT GOODSON	215 Jantoni Dr	Boise	ID	USA	83712																			
Pres																									
5. Organized Under the Laws of:  <b>IDAHO</b> <b>C 183405</b>		6. Signature: <u><i>Robert Goodson</i></u> Date: <u>10/14/10</u> Name (type or print): <u>ROBERT GOODSON</u> Title: <u>Manager</u>																							
Issued 10/14/2010 by CLH																									