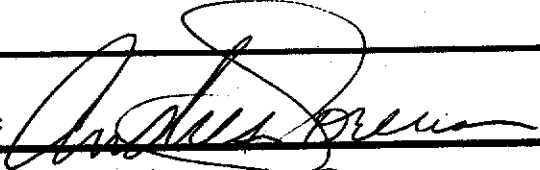


No. C 153070	Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010		2. Registered Agent and Office (NOT A P.O. BOX)		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		ANDREA J HANSEN SORENSEN 3035 W REGAN AVE BOISE ID 83702		
	STRATEGICOM, INC. ANDREA J HANSEN SORENSEN 3035 W REGAN AVE BOISE ID 83702 5002 W Emerald St. Boise, ID 83706		3. <u>New</u> 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
Pres	Andrea Sorensen	10694 Seneca	Boise	ID	Ada 83709
VP	Steven Todd Sorensen	same	Boise	ID	Ada 83709
5. Organized Under the Laws of:					6.
IDAHO C 153070					Signature:  Name (type or print): Andrea Sorensen Date: 5-24-10 Title: Pres
Issued 05/10/2010 by SL1					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the