

REINSTATEMENT

C131008

No. C 131008	Annual Report Form ADMIN DISSOLVED 02/07/2005 Moving Address - Correct in this box, if applicable	2. Registered Agent and Office NOT A P.O. BOX SCOTT MAINS 520 5th St. MICHAEL THORNTON 120 RAILROAD AVE LEWISTON, POST FALLS, ID 83854 ID 83501																								
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	MARINE CORPS LEAGUE, DEPARTMENT OF 120 RAILROAD AVE POST FALLS, ID 83854 P.O. Box 413 LEWISTON, ID 83501	3. New registered agent signature 																								
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <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>COMMANDANT</td> <td>NOELAN McCORMACK</td> <td>1113 W. MULBERRY LN.</td> <td>COEUR D'ALENE</td> <td>ID</td> <td>83815</td> </tr> <tr> <td>ADJ/PAYMASTER</td> <td>RON GRAY</td> <td>1825 SOLAR HILLS DR.</td> <td>CLARKSTON</td> <td>WA</td> <td>99403</td> </tr> <tr> <td>COMMANDANT</td> <td>SCOTT MAINS</td> <td>502 5th STREET</td> <td>LEWISTON</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	COMMANDANT	NOELAN McCORMACK	1113 W. MULBERRY LN.	COEUR D'ALENE	ID	83815	ADJ/PAYMASTER	RON GRAY	1825 SOLAR HILLS DR.	CLARKSTON	WA	99403	COMMANDANT	SCOTT MAINS	502 5th STREET	LEWISTON	ID	83501
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5. Organized under the laws of: IDAHO C 131008	6. Signature  Date <u>2-1-09</u> Name (Typed or Printed) <u>SCOTT MAINS</u> Title <u>COMMANDANT</u>																									

Issued 2/5/2009 by LJM