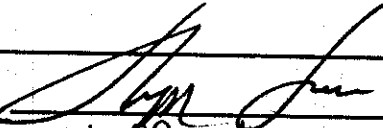


REINSTATEMENT

| No. C 84868 | Annual Report Form ADMIN DISSOLVED 12/08/2006 | 2. Registered Agent and Office NOT A P.O. BOX | | | | | | | | | | | | |
|---|---|--|-------------|-------|------------------------|------|-------|-----|-------|----------------|---------------|-------------|----|-------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00 | 1. Mailing Address - Correct in this box if applicable CENTURION ASSOCIATES, INC. STAFFORD SMITH P.O. BOX 1896 IDAHO FALLS, ID 83403 | STAFFORD SMITH 1255 NORTH HOLMES IDAHO FALLS, ID 83403 3. <u>New</u> 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="0" style="width: 100%;"><thead><tr><th style="text-align: left;">Office held</th><th style="text-align: left;">Name</th><th style="text-align: left;">Street or P.O. Address</th><th style="text-align: left;">City</th><th style="text-align: left;">State</th><th style="text-align: left;">Zip</th></tr></thead><tbody><tr><td>Pres.</td><td>Stafford Smith</td><td>P.O. Box 1896</td><td>Idaho Falls</td><td>ID</td><td>83403</td></tr></tbody></table> | | | Office held | Name | Street or P.O. Address | City | State | Zip | Pres. | Stafford Smith | P.O. Box 1896 | Idaho Falls | ID | 83403 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | |
| Pres. | Stafford Smith | P.O. Box 1896 | Idaho Falls | ID | 83403 | | | | | | | | | |
| 5. Organized under the laws of IDAHO C 84868 | 6. Signature  Name (Typed or Printed) <u>Stafford Smith</u> Date <u>1/5/07</u> Title <u>Pres.</u> | | | | | | | | | | | | | |

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