

# REINSTATEMENT

<b>No. C 147647</b>	<b>Annual Report Form</b> <b>ADMIN DISSOLVED 05/06/2005</b>		<b>2. Registered Agent and Office NOT A P.O. BOX</b>												
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>FEE DUE \$30.00</b>	<b>1. Mailing Address - Correct in this box, if applicable</b>  <b>MOBILE COMMUNICATIONS CORPORATION</b>  1611 N WHITLEY DR STE 8  FRUITLAND, ID 83619		MICHAEL J COLEMAN 1611 N WHITLEY DR STE 8  FRUITLAND, ID 83619  <b>3. New registered agent signature</b>												
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors</b> <b>Limited Liability Companies: Enter Names and Addresses of management.</b> <b>Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners.</b> <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>owner</td> <td>Michael Coleman</td> <td>PO Box 789</td> <td>Fruitland</td> <td>ID</td> <td>83619</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	owner	Michael Coleman	PO Box 789	Fruitland	ID	83619
Office held	Name	Street or P.O. Address	City	State	Zip										
owner	Michael Coleman	PO Box 789	Fruitland	ID	83619										
<b>5. Organized under the laws of:</b>  IDAHO C 147647	<b>6.</b> Signature <u>Michael J Coleman</u> Date <u>1/22/07</u> Name (Typed or Printed) <u>Michael J Coleman</u> Title <u>owner</u>														

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