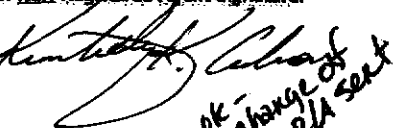
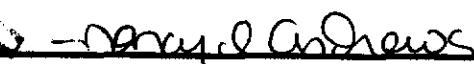


No. W 77821	Reinstatement Annual Report Form ADMIN DISSOLVED 12/07/2010		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: <u>Correct in this box if needed.</u>		NANCY I ANDREWS 71 REVEILLE LN SANDPOINT ID 83864
REINSTATEMENT FEE DUE: \$38.00	CROSSTEK, L.L.C. NANCY I ANDREWS Kimberly K Carlson 71 REVEILLE LN 139 Heath Lake Rd SANDPOINT ID 83864 Sagle, ID 83860 USA		3. New Registered Agent Signature.  OK - change of R/A sent
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			
Manager/Member	Name	Street or PO Address	City State Country Postal Code
Manager	Nancy I Andrews,	71 Reveille Ln, Sandpoint, ID, USA,	83864
Manager	Kimberly K. Carlson,	139 Heath Lake Rd, Sagle, ID USA	83860
5. Organized Under the Laws of:		6.	
IDAHO W 77821		Signature: 	Date: 1/12/11
		Name (type or print): Nancy I Andrews	Title: Manager
Issued 01/10/2011 by KAH			