

REINSTATEMENT

No. C 155418	Annual Report Form ADMIN DISSOLVED 10/10/2007		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 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable NORTHSLOPE ESTATES SUBDIVISION HOME MICHAEL S HOMAN 2229 W STATE ST STE B BOISE, ID 83702		MICHAEL S HOMAN 2229 W STATE ST STE B BOISE, ID 83702 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="0"> <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>President</td> <td>MICHAEL S. HOMAN</td> <td>2229 W. State St. Suite B</td> <td>Boise</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	MICHAEL S. HOMAN	2229 W. State St. Suite B	Boise	ID	83702
Office held	Name	Street or P.O. Address	City	State	Zip											
President	MICHAEL S. HOMAN	2229 W. State St. Suite B	Boise	ID	83702											
5. Organized under the laws of: IDAHO C 155418		6. Signature <u>Michael S. Homan</u> Date <u>3-7-08</u> Name (Typed or Printed) <u>MICHAEL S. HOMAN</u> Title <u>PRES</u>														

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