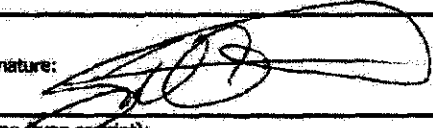
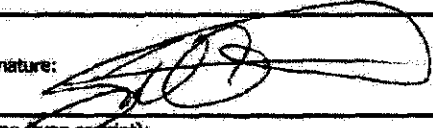
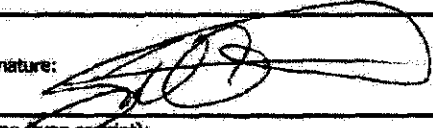


No. <b>W 76017</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> NATIONAL REGISTERED AGENTS INC 1423 TYRELL LANE BOISE ID 83706 USA																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> CIRCLE S CONSTRUCTION LLC STEVEN W ORICK 1524 FIR ST RUPERT ID 83350 USA		3. <u>New</u> Registered Agent Signature.																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>																																						
4. <b>Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions:</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>STEVEN ORICK</td> <td>1524 Fir Street</td> <td>Rupert</td> <td>ID.</td> <td>US.</td> <td>83350</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	STEVEN ORICK	1524 Fir Street	Rupert	ID.	US.	83350	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 76017</b>		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <u>10-23-12</u></td> </tr> <tr> <td>Name (type or print): <u>Steven W. Orick</u></td> <td>Title: <u>Manager</u></td> </tr> </table>		Signature: 	Date: <u>10-23-12</u>	Name (type or print): <u>Steven W. Orick</u>	Title: <u>Manager</u>																															
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Issued 10/18/2012 by KAH

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM