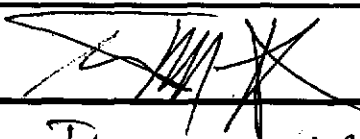
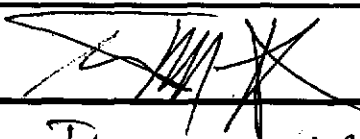
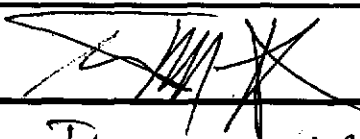


No. C 185917	Reinstatement Annual Report Form ADMIN DISSOLVED 04/11/2011		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS MICHAEL SMITH 1601 N 10TH ST BOISE ID 83702				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HIGH PLAINS DRIFTERS INC. THOMAS MICHAEL SMITH 1601 N 10TH ST BOISE ID 83702		3. <u>New</u> Registered Agent Signature.				
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.							
Office Held	Name	Street or PO Address	City State Country Postal Code				
President	Thomas M. Smith	1601 N 10th St	Boise ID Ada 83702				
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO C 185917 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;"> Signature:  </td> <td style="border-bottom: 1px solid black; width: 30%;"> Date: 10 May 11 </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Name (type or print): Thomas M Smith </td> <td style="border-bottom: 1px solid black;"> Title: President </td> </tr> </table>		Signature: 	Date: 10 May 11	Name (type or print): Thomas M Smith	Title: President
Signature: 	Date: 10 May 11						
Name (type or print): Thomas M Smith	Title: President						
Issued 05/10/2011 by LJC							