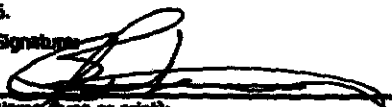


No. C 178406	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. DIAMOND BLADES GRANITE, INC. JOSHUA D BATEMAN 464 DIERKES ST W TWIN FALLS ID 83301		JOSHUA D BATEMAN 464 DIERKES ST W TWIN FALLS ID 83301														
		3. New Registered Agent Signature.															
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</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>President</td> <td>Joshua Bateman</td> <td>464 Dierkes St West</td> <td>Twin Falls</td> <td>ID</td> <td></td> <td>83301</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Joshua Bateman	464 Dierkes St West	Twin Falls	ID		83301
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Joshua Bateman	464 Dierkes St West	Twin Falls	ID		83301											
5. Organized Under the Laws of: IDAHO C 178406	6. Signature:  Name (type or print): <u>Joshua Bateman</u> Date: <u>8/20/12</u> Title: <u>Owner / President</u>																

Issued 08/20/2012 by CLH

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