




REINSTATEMENT

No. W 63886	Annual Report Form ADMIN DISSOLVED 09/04/2008		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 NC EXCVATION LLC 3404 S 10TH AVE CALDWELL, ID 83605		JAMES M NEY 3404 S 10TH AVE CALDWELL, ID 83605 3. <u>New</u> 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>Owner</td> <td>James Ney</td> <td>3404 S 10th Ave</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Owner	James Ney	3404 S 10th Ave	Caldwell	ID	83605
Office held	Name	Street or P.O. Address	City	State	Zip											
Owner	James Ney	3404 S 10th Ave	Caldwell	ID	83605											
5. Organized under the laws of: IDAHO W 63886		6. <table border="0"> <tr> <td>Signature </td> <td>Date <u>3/27/09</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>James Ney</u></td> <td>Title <u>Owner</u></td> </tr> </table>			Signature 	Date <u>3/27/09</u>	Name (Typed or Printed) <u>James Ney</u>	Title <u>Owner</u>								
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