

| No. <b>W 40575</b>                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 09/05/2007</b>                                                                            |                                                                                                                                                                                                               | 2. Registered Agent and Office (NOT A P.O. BOX)<br>LENETTE MAXWELL<br>2640 LONE PINE<br>IDAHO FALLS ID 83404 |                                   |                       |                                              |                       |       |         |             |         |                 |                     |             |    |     |       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------|----------------------------------------------|-----------------------|-------|---------|-------------|---------|-----------------|---------------------|-------------|----|-----|-------|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>REINSTATEMENT<br>FEE DUE: <b>\$30.00</b>                                                                                                                                                                                                                                                                              | 1. Mailing Address: Correct in this box if needed.<br><br>HANDLMAX, LLC<br><br>2640 LONE PINE <i>P.O. Box 1811</i><br>IDAHO FALLS ID 83404 <i>83403</i> |                                                                                                                                                                                                               |                                                                                                              |                                   |                       |                                              |                       |       |         |             |         |                 |                     |             |    |     |       |
| 3. New Registered Agent Signature.                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                         |                                                                                                                                                                                                               |                                                                                                              |                                   |                       |                                              |                       |       |         |             |         |                 |                     |             |    |     |       |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.<br><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>Manager</td><td>Lenette Maxwell</td><td>3851 John Adams Hwy</td><td>Idaho Falls</td><td>Id</td><td>USA</td><td>83406</td></tr></tbody></table> |                                                                                                                                                         |                                                                                                                                                                                                               |                                                                                                              | Office Held                       | Name                  | Street or PO Address                         | City                  | State | Country | Postal Code | Manager | Lenette Maxwell | 3851 John Adams Hwy | Idaho Falls | Id | USA | 83406 |
| Office Held                                                                                                                                                                                                                                                                                                                                                                                                               | Name                                                                                                                                                    | Street or PO Address                                                                                                                                                                                          | City                                                                                                         | State                             | Country               | Postal Code                                  |                       |       |         |             |         |                 |                     |             |    |     |       |
| Manager                                                                                                                                                                                                                                                                                                                                                                                                                   | Lenette Maxwell                                                                                                                                         | 3851 John Adams Hwy                                                                                                                                                                                           | Idaho Falls                                                                                                  | Id                                | USA                   | 83406                                        |                       |       |         |             |         |                 |                     |             |    |     |       |
| 5. Organized Under the Laws of:<br><br><b>IDAHO</b><br><b>W 40575</b>                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                         | 6.<br><table border="1"><tr><td>Signature: <i>Lenette Maxwell</i></td><td>Date: <i>11/26/07</i></td></tr><tr><td>Name (type or print): <i>Lenette Maxwell</i></td><td>Title: <i>Manager</i></td></tr></table> |                                                                                                              | Signature: <i>Lenette Maxwell</i> | Date: <i>11/26/07</i> | Name (type or print): <i>Lenette Maxwell</i> | Title: <i>Manager</i> |       |         |             |         |                 |                     |             |    |     |       |
| Signature: <i>Lenette Maxwell</i>                                                                                                                                                                                                                                                                                                                                                                                         | Date: <i>11/26/07</i>                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                              |                                   |                       |                                              |                       |       |         |             |         |                 |                     |             |    |     |       |
| Name (type or print): <i>Lenette Maxwell</i>                                                                                                                                                                                                                                                                                                                                                                              | Title: <i>Manager</i>                                                                                                                                   |                                                                                                                                                                                                               |                                                                                                              |                                   |                       |                                              |                       |       |         |             |         |                 |                     |             |    |     |       |
| Issued 11/15/2007 by LIM                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                         |                                                                                                                                                                                                               |                                                                                                              |                                   |                       |                                              |                       |       |         |             |         |                 |                     |             |    |     |       |