## REINSTATEMENT

				2. Registered Agend and Office NOT A P.O. SIGE		
No. C 113839	Annual Report Form			VERNON ADAMS		
Return to:	The state of the s	Address - Please Correct, If Not Correct		1 <del>030 BRYDEN AVE</del>		
SECRETARY OF STATE		TRUTCHON TO 02501			83501	
700 WEST JEFFERSON P.O. BOX 83720		ENTERPRISES, INC.				
BOISE, ID 83720-0080	VERNON					
ADMIN DISS 2/6/98		ATDEN AVE 153 Southpart	,	outh fort		
FEE DUE \$30.00	LEWISTON ID 83501		3. Organize	3. Organized Under the Laws of:  C 1 1 3 8 3 9		
			<b>C</b> 11			
		ddresses of President, Secretary and Directed Addresses of Managers or Me	tors mbers (check one)			
Office Held	<u>Name</u>	Street or P.O. Address	City	State	Zie	
Pres Due	_ 01	1575 7 0 500	Lifetta Paul	7	83501	
SECT E	Frnon Hd.	153 South fort Ave			2 23-7	
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Signature of New Registered	Accept	6.			. 27	
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		dress. If it is incorrect, please make the ap	propriate corrections	i.		
		nt be altered on the annual report form. i, please make that correction on this form.	Th			
PHYSICAL ADDRESS. PO Bo	Mes WILL NOT	, please make that correction on this form. be accepted. If report is for a Limited Liabi	i nei registereo ageni litv nlease refer to:#4	i musi de mund Lhelixw	I IN IDANO AT A	
3.) Corporation: Enter names and	addresses of C	ONLY the president, secretary, and director	s in block 4.			
Limited Liability Company: Ent	er the names a	nd addresses of the managers or member		4 1		
NOTE: Putting "same as last y			AARTKAN		All s.	
<ol> <li>Limited Liability Company: If the position by signing in block 5.</li> </ol>	e registered ag	ent has been changed in block 2, then the	NEW registered age	int must addept	Tineit (	
	signed by an off	icer or chairman of the board of the corpor	ration. Signer must si	ecify his or he	rtitle.	

Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.

6.)

If new registered Agent, please sign block 5.

IDANO SECRETARY OF STATE

04/08/1998 09:00% CK: 1145 CT: 97045 BH: 99661

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