FILED EFFECTIVE

REINSTATEMENT

No. C 147704	**Annual Report Form** 05/08/2008	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 SAWTOOTH DRYWALL & INTERIORS, INC. TIM STASTNY ~~1629 BROOKFILED CT~~ 828 Blue Lakes Blvd N TWIN FALLS, ID 83301	TIM A STASTNY 1629 BROOKFIELD CT TWIN FALLS, ID 83301 3. New 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.

Office held	Name	Street or P.O. Address	City	State	Zip
~~Officer~~ President	Tim Stastny	1629 Brookfield CT	TwinFalls	ID	83301

5. Organized under the laws of:
IDAHO
C 147704

6.
Signature _____ Date 6-12-08
Name (Typed or Printed) Tim Stastny Title ~~Officer~~ Pres.

15/07/2008 by NLB