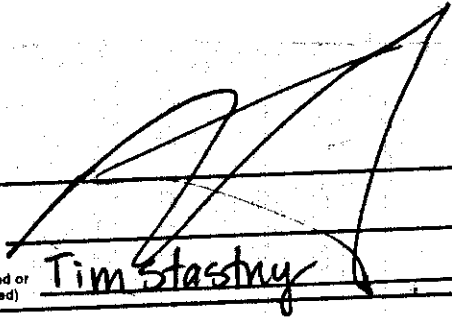
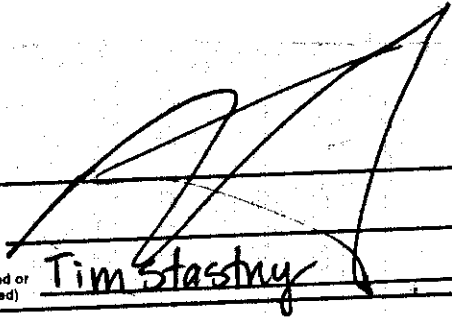
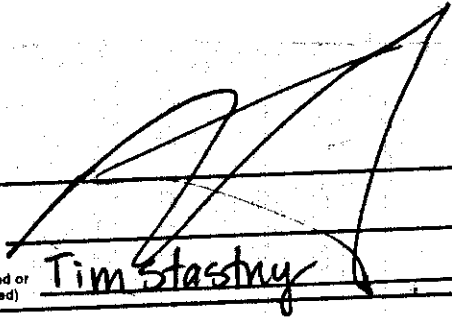


FILED EFFECTIVE

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 BROOKFIELD CT 828 Blue Lakes Blvd N TWIN FALLS, ID 83301	TIM A STASTNY 1629 BROOKFIELD CT TWIN FALLS, ID 83301																		
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>SECRET</td><td>Tim Stastny</td><td>1629 Brookfield CT</td><td>Twin Falls</td><td>ID</td><td>83301</td></tr><tr><td>President</td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Zip	SECRET	Tim Stastny	1629 Brookfield CT	Twin Falls	ID	83301	President					
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SECRET	Tim Stastny	1629 Brookfield CT	Twin Falls	ID	83301															
President																				
5. Organized under the laws of: IDAHO C 147704	6. <table border="0"><tr><td>Signature</td><td></td><td>Date</td><td>6/12/08</td></tr><tr><td>Name (Typed or Printed)</td><td>Tim Stastny</td><td>Title</td><td>Offices Pres.</td></tr></table>		Signature		Date	6/12/08	Name (Typed or Printed)	Tim Stastny	Title	Offices Pres.										
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1-800-368-6888