

09/15/2010 09:33 FAX 334 2080

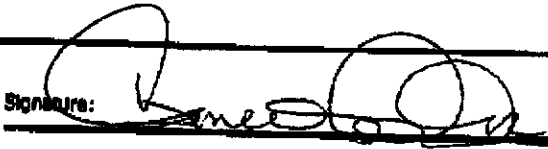
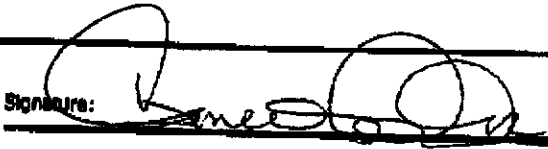
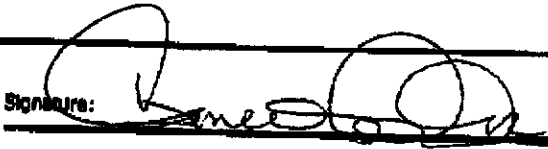
Idaho Secretary of State

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Reinstatement for W 40447

FILED EFFECTIVE

Page 1 of 2

No. W 40447		Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) CAMEO PULVER 849 E STATE STE 101 EAGLE ID 83616															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. ACCESS FIRST INSURANCE LLC CAMEO PULVER 849 E STATE STE 101 EAGLE ID 83616 1825 S LAKEMOOR Eagle ID 83616		3. New Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.																			
<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>Managing Member</td> <td>Cameo Pulver</td> <td>849 E State Street Ste 101</td> <td>Eagle</td> <td>ID</td> <td>ADA</td> <td>83616</td> </tr> </tbody> </table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Managing Member	Cameo Pulver	849 E State Street Ste 101	Eagle	ID	ADA	83616
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5. Organized Under the Laws of: IDAHO W 40447		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 9/15/10</td> </tr> <tr> <td>Name (type or print): Cameo Pulver</td> <td>Title: Managing member</td> </tr> </table>				Signature: 	Date: 9/15/10	Name (type or print): Cameo Pulver	Title: Managing member										
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Issued 09/15/2010 by LJC																			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM