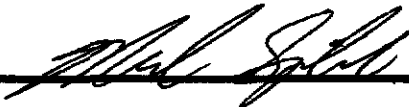


No. C 160904	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009		2. Registered Agent and Office (NOT A P.O. BOX)																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SJOBECK, INC. 228 E PLAZA STE E EAGLE ID 83616		MARK SJOBECK 228 E PLAZA STE E EAGLE ID 83616																					
			3. Now Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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>President</td> <td>Mark Sjoberg</td> <td>228 E Plaza St Ste E</td> <td>Eagle</td> <td>ID</td> <td>U.S.</td> <td>83616</td> </tr> <tr> <td>Secretary</td> <td>Ranissa Sjoberg</td> <td>228 E Plaza St Ste E</td> <td>Eagle</td> <td>ID</td> <td>U.S.</td> <td>83616</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Mark Sjoberg	228 E Plaza St Ste E	Eagle	ID	U.S.	83616	Secretary	Ranissa Sjoberg	228 E Plaza St Ste E	Eagle	ID	U.S.	83616
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5. Organized Under the Laws of: IDAHO C 160904	6. Signature:  Date: 9/15/09 Name (type or print): Mark Sjoberg Title: President																							
Issued 09/16/2009 by CLH																								