FILED EFFECTIVE

No. W 29835	Reinstatement Annual Report Form ADMIN DISSOLVED 07/07/2005	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	1. **Mailing Address: Correct in this box if needed.** CONTRACT PURCHASERS LLC PO BOX 8507 BOISE ID 83707-2507	S R TAYLOR ~~210 W MALLARD DR STE B~~ BOISE ID 83706 161 E MALLARD DR STE 100
REINSTATEMENT FEE **DUE:** $30.00		3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager [X] Member [ ]	Investors Financial Corporation	161 E. Mallard Dr. Suite 100	Boise	ID	Ada	83706
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						

5. Organized Under the Laws of:	6.
IDAHO W 29835	Signature: S R Taylor Name (type or print): S. R. Taylor Date: 01-23-2013 Title: Pres. & COO

Issued 01/22/2013 by KAH

~~IDAHO ANNUAL REPORT FORM~~