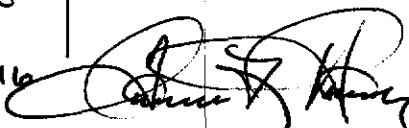
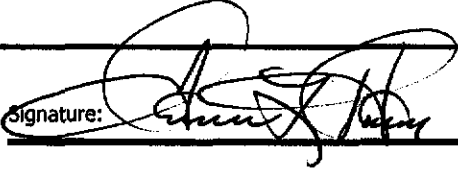


FILED EFFECTIVE

No. W 77701	Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011		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. HULME INSURANCE, LLC CAROL A HULME Thomas L. Hulme 868 WASHINGTON ST 600 E. State, MONTPELIER ID 83254 Suite 100 Eagle, Id. 83616		CAROL A HULME Thomas L. Hulme 868 WASHINGTON ST MONTPELIER ID 83254 600 E. State, Ste. 100 Eagle, Id. 83616 3. <u>New</u> Registered Agent Signature. 
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or <u>Member</u> Name	Street or PO Address	City	State Country Postal Code
Manager Member (circle one)			
Thomas L. Hulme	600 E. State, Ste. 100 - Eagle, ID.	ADA	83616
Carol A. Hulme	600 E. State, Ste. 100 - Eagle, ID.	ADA	83616
5. Organized Under the Laws of: IDAHO W 77701	6.  Signature: _____ Date: 12/15/11 Name (type or print): Thomas L. Hulme Title: member		
Issued 12/13/2011 by CLH			