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No. W 28975	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) JARRIN O HAMMER 2105 CORONADO ST IDAHO FALLS ID 83404														
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. SURE SIGNS LLC 340 E ELVA IDAHO FALLS ID 83401		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>SM LLC MANAGER</td><td>Nathan Smith</td><td>340 E. Elva</td><td>Idaho Falls,</td><td></td><td></td><td>83401</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	SM LLC MANAGER	Nathan Smith	340 E. Elva	Idaho Falls,		
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
SM LLC MANAGER	Nathan Smith	340 E. Elva	Idaho Falls,			83401											
5. Organized Under the Laws of: IDAHO W 28975	6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>2/5/10</td></tr><tr><td>Name (type or print):</td><td>NATHAN SMITH</td><td>Title:</td><td>owner MANAGER</td></tr></table>				Signature:		Date:	2/5/10	Name (type or print):	NATHAN SMITH	Title:	owner MANAGER					
Signature:		Date:	2/5/10														
Name (type or print):	NATHAN SMITH	Title:	owner MANAGER														
Issued 09/01/2010 by CLH																	