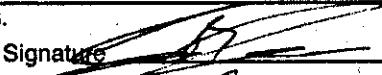
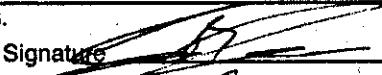
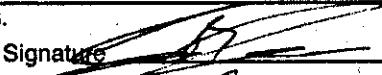


REINSTATEMENT

No. W 11606	Annual Report Form ADMIN DISSOLVED 07/06/2007		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 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable EIN LLC SOREN B JACOBSEN 2675 MAIN ST STE 240 BOISE, ID 83702		SOREN B JACOBSEN 2675 MAIN ST STE 240 BOISE, ID 83702													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Soren B. Jacobsen</td> <td>PO Box 825</td> <td>Boise</td> <td>ID</td> <td>83701</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	Soren B. Jacobsen	PO Box 825	Boise	ID	83701	3. New registered agent signature	
Office held	Name	Street or P.O. Address	City	State	Zip											
President	Soren B. Jacobsen	PO Box 825	Boise	ID	83701											
5. Organized under the laws of: IDAHO W 11606		6. <table border="0"> <tr> <td>Signature </td> <td>Date <u>8/17/07</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>Soren Jacobsen</u></td> <td>Title <u>Member</u></td> </tr> </table>			Signature 	Date <u>8/17/07</u>	Name (Typed or Printed) <u>Soren Jacobsen</u>	Title <u>Member</u>								
Signature 	Date <u>8/17/07</u>															
Name (Typed or Printed) <u>Soren Jacobsen</u>	Title <u>Member</u>															

Issued 08/17/2007 by DK1