

REINSTATEMENT

No. <u>W 8276</u> Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-8080 FEE DUE \$30.00 ACTION TAKEN 2/19/00	Annual Report Form 1. Mailing Address - Correct in this box, if applicable SRP HOLDING LLC 342 E 5TH ST N BURLEY ID 83318	2. Registered Agent and Office NOT A P.O. BOX Steve Keim 818 Cento Dr. Twin Falls, ID 83301 3. <u>New</u> registered agent signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1"> <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>Member</td> <td>Gabriel Teidel</td> <td>16 E. 34th St, 16th floor</td> <td>New York</td> <td>NY</td> <td>10016</td> </tr> <tr> <td>Manager</td> <td>Steve Keim</td> <td>P.O. Box 492</td> <td>Twin Falls</td> <td>ID</td> <td>83303</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Member	Gabriel Teidel	16 E. 34th St, 16th floor	New York	NY	10016	Manager	Steve Keim	P.O. Box 492	Twin Falls	ID	83303
Office held	Name	Street or P.O. Address	City	State	Zip															
Member	Gabriel Teidel	16 E. 34th St, 16th floor	New York	NY	10016															
Manager	Steve Keim	P.O. Box 492	Twin Falls	ID	83303															
5. Organized under the laws of: <u>Idaho</u> <u>W 8276</u>	6. Signature <u>Steve R. Keim</u> Date <u>7-18-2000</u> Name (Typed or Printed) <u>Steve Keim</u> Title _____																			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- Block 1:** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.
- Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**
- Block 3:** Only a **new** registered agent must sign in Block 2.
- Block 4:** Enter names and business addresses of president, secretary, and directors (for corporations only) or managers/ members (for LLC's only). **Note:** Putting "same as last year" or "same as above" **will not be accepted.**
- Block 5:** May not be altered through the use of this form.
- Block 6:** The annual report must be signed by a person authorized to represent the corporation/LLC. Print or type the name and title of the signer below the signature.

IDAHO SECRETARY OF STATE

07/21/2000 09:00
 CK: 2639 CF: 133819 BH: 335352

1 @ 30.00 = 30.00 CORP REINS # 2