

# REINSTATEMENT

FILED EFFECTIVE

<b>No. C 122655</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>FEE DUE \$30.00</b>	<b>Annual Report Form</b> ADMIN DISSOLVED 02/17/2000  1. Mailing Address - Correct in this box, if applicable  EAGLE ROCK ASSOCIATES, INC. RICHARD A BIRCH 2865 SO AMMON RD IDAHO FALLS, ID 83406	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  RICHARD A BIRCH 2865 SO AMMON RD IDAHO FALLS, ID 83406  3. <u>New</u> registered agent signature																								
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> 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="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>① president</td> <td>Richard Birch</td> <td>2685 S. Ammon Rd. Ammon, ID</td> <td>Ammon, ID</td> <td>ID</td> <td>83406</td> </tr> <tr> <td>②</td> <td>same as above</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>③</td> <td>same as above</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	① president	Richard Birch	2685 S. Ammon Rd. Ammon, ID	Ammon, ID	ID	83406	②	same as above					③	same as above				
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5. Organized under the laws of:  IDAHO C 122655	6. Signature <u>Richard Birch</u> Date <u>7/20/09</u> Name (Typed or Printed) <u>Richard Birch</u> Title <u>owner</u>																									

Issued 4/15/2009 by CLH