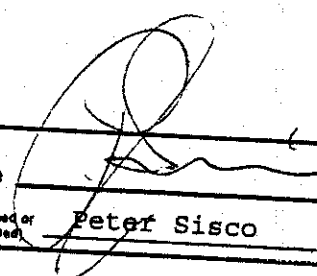
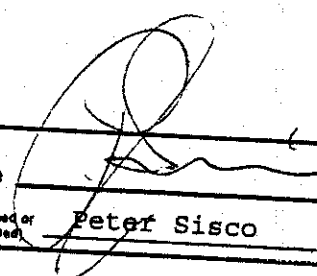
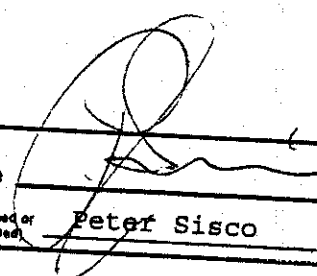


FILED EFFECTIVE

REINSTATEMENT

No. W 18467		Annual Report Form ADMIN DISSOLVED 06/05/2003		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 PRECISION TRAINING, LLC. PETER SISCO 10400 OVERLAND RD #383 BOISE, ID 83709		PETER SISCO 10400 OVERLAND RD #383 BOISE, ID 83709													
				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 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>Manager</td><td>Peter Sisco</td><td>10400 Overland Road, No. 383</td><td>Boise</td><td>ID</td><td>83709</td></tr></tbody></table>						Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Peter Sisco	10400 Overland Road, No. 383	Boise	ID	83709
Office held	Name	Street or P.O. Address	City	State	Zip												
Manager	Peter Sisco	10400 Overland Road, No. 383	Boise	ID	83709												
5. Organized under the laws of: IDAHO W 18467		6. <table border="0"><tr><td>Signature</td><td></td><td>Date</td><td colspan="2">April 17, , 2008</td></tr><tr><td>Name (Typed or Printed)</td><td>Peter Sisco</td><td>Title</td><td colspan="2">Manager</td></tr></table>				Signature		Date	April 17, , 2008		Name (Typed or Printed)	Peter Sisco	Title	Manager			
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Issued 4/16/2008 by SLD