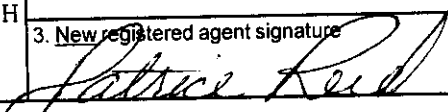
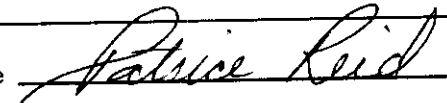


REINSTATEMENT FILED EFFECTIVE

No. C 89110 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	Annual Report Form ADMIN DISSOLVED 07/05/2002 1. Mailing Address: <small>Correct in this box if applicable</small> ST. MARIES VOLLEYBALL CLUB, INC. BECKY WOLFE PATRICE REID 60 BUTLER DR 76687 HIGHWAY 3 SOUTH ST. MARIES, ID 83861	2. Registered Agent and Office NOT A P.O. BOX BECKY WOLFE PATRICE REID 60 BUTLER DR 76687 HIGHWAY ST. MARIES, ID 83861 3 SOUTH 3. New 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)																																																		
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Issued 11/17/2003