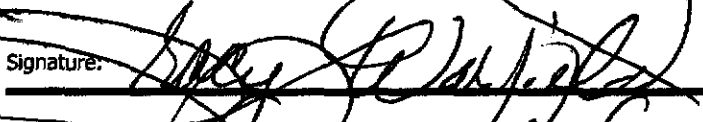


No. <b>C 178118</b>	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2009		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) TRACY L WARFIELD 208 E GROVE PARMA ID 83660																					
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: <i>Correct in this box if needed.</i>  GRAYFIELD INSURANCE AGENCY, INC. <del>P.O. Box 900</del> <del>208 E GROVE</del> PARMA ID 83660		3. New Registered Agent Signature. /																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Tracy L. Warfield</td> <td>208 E. Grove</td> <td>Parma</td> <td>ID</td> <td>USA</td> <td>83660</td> </tr> <tr> <td>Secretary</td> <td>Lisa K. Gray</td> <td>208 E. Grove</td> <td>Parma</td> <td>ID</td> <td>USA</td> <td>83660</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Tracy L. Warfield	208 E. Grove	Parma	ID	USA	83660	Secretary	Lisa K. Gray	208 E. Grove	Parma	ID	USA	83660
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5. Organized Under the Laws of:  <b>IDAHO C 178118</b>	6.  Signature: _____ Name (type or print) <u>Tracy L. Warfield</u>		Date: <u>7-27-09</u> Title: <u>Pres.</u>																					
Issued 07/10/2009 by DK1																								