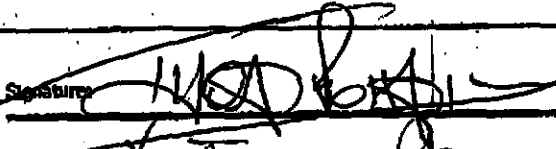


No. C 117325	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.		THOMAS PROHASKA 888 W BROAD STREET BOISE ID 83702
REINSTATEMENT FEE DUE: \$30.00	NK MANAGEMENT COMPANY THOMAS PROHASKA 888 W. BROAD STREET BOISE ID 83702		3. New Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.			
Office Held	Name	Street or PO Address	City State Country Postal Code

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	THOMAS F. PROHASKA	888 W. BROAD STREET	BOISE	ID	USA	83702
SECRETARY	KIMBERLY L. PROHASKA	888 W. BROAD STREET	BOISE	ID	USA	83702
DIRECTOR	THOMAS F. PROHASKA	888 W. BROAD STREET	BOISE	ID	USA	83702
DIRECTOR	KIMBERLY L. PROHASKA	888 W. BROAD STREET	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6.
IDAHO C 117325	Signature:  Name (type or print): THOMAS PROHASKA Title: PRESIDENT
Issued 03/11/2011 by KAH	