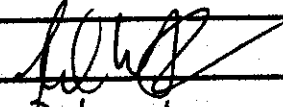


REINSTATEMENT

No. W 52444	Annual Report Form ADMIN DISSOLVED 10/10/2007		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	3. Mailing Address - Correct in this box, if applicable MB THOMPSON, LLC MARK THOMPSON 10591 S 15TH E 3456 E 17th #140 IDAHO FALLS, ID 83404 83406		MARK THOMPSON 10591 S 15TH E IDAHO FALLS, ID 83404 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 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> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Rob Thompson</td> <td>11235 S. Bellerive Dr</td> <td>Idaho Falls</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	Manager	Rob Thompson	11235 S. Bellerive Dr	Idaho Falls
Office held	Name	Street or P.O. Address	City								
Manager	Rob Thompson	11235 S. Bellerive Dr	Idaho Falls								
5. Organized under the laws of: IDAHO W 52444		6. Signature <u></u> Date <u>12/19/07</u> Name (Typed or Printed) <u>Rob Thompson</u> Title <u>Manager</u>									

Issued 12/19/2007 by SL1

FILED EFFECTIVE
07 DEC 24 PM 12:47
SECRETARY OF STATE
IDAHO