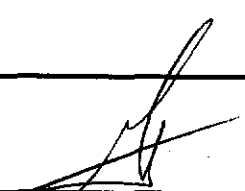


No. C 160494	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) GARY L DAGASTINE 1642 E 16TH ST <i>Ave.</i> POST FALLS ID 83854														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NORTHWEST RECUMBENT CYCLES, INC. GARY L DAGASTINE 1642 E 16TH ST POST FALLS ID 83854 USA		3. <u>New</u> 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><i>owner/Pres</i></td> <td><i>Gary Dagastine</i></td> <td><i>1642 E 16th St.</i></td> <td><i>Post Falls</i></td> <td><i>Id.</i></td> <td></td> <td><i>83854</i></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<i>owner/Pres</i>	<i>Gary Dagastine</i>	<i>1642 E 16th St.</i>	<i>Post Falls</i>	<i>Id.</i>		<i>83854</i>
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5. Organized Under the Laws of: IDAHO C 160494	6. Signature:  Name (type or print): <u><i>Gary L. Dagastine</i></u>			Date: <u><i>8-29-12</i></u> Title: <u><i>owner</i></u>													

Issued 08/21/2012 by LJC

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