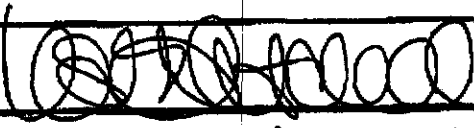
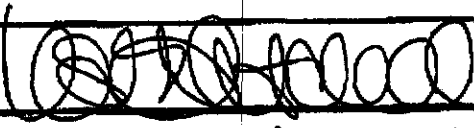
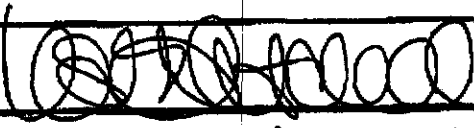


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No. C 172458	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2009		2. Registered Agent and Office (NOT A P.O. BOX)								
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		LESLIE A MITCHELL 709 E 8TH AVE POST FALLS ID 83854								
	LITTLE IMAGINATION STATION, INC. 709 E 8TH AVE POST FALLS ID 83854		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></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Office Held	Name	Street or PO Address	City	State	Country	Postal Code					
<table border="1"><tbody><tr><td>Pres</td><td>LESLIE A MITCHELL</td><td>709 E8th AVE</td><td>POST FALLS</td><td>ID</td><td></td><td>83854</td></tr></tbody></table>					Pres	LESLIE A MITCHELL	709 E8th AVE	POST FALLS	ID		83854
Pres	LESLIE A MITCHELL	709 E8th AVE	POST FALLS	ID		83854					
5. Organized Under the Laws of:											
IDAHO C 172458		6. <table border="1"><tr><td>Signature:</td><td></td><td>Date: 8/10</td></tr><tr><td>Name (type or print):</td><td>Leslie A. Mitchell</td><td>Title: President/ Director</td></tr></table>			Signature:		Date: 8/10	Name (type or print):	Leslie A. Mitchell	Title: President/ Director	
Signature:		Date: 8/10									
Name (type or print):	Leslie A. Mitchell	Title: President/ Director									
Issued 08/10/2009 by LIM											