

No. C 149485	Reinstatement Annual Report Form ADMIN DISSOLVED 09/05/2007		2. Registered Agent and Office (NOT A P.O. BOX) GAYLE DOROTHY SWAIN 28549 FRENCH RD <i>Carl Glarborg</i> PARMA ID 83660 <i>444 STATE ST</i> <i>WEISER, ID 83672</i>														
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. PSYLLIUM HUSK PERFORMANCE PELLETS, INC. GAYLE D SWAIN PO BOX 50172 <i>444 STATE ST</i> BOISE ID 83705 <i>WEISER, ID 83672</i> USA		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><i>PRES</i></td> <td><i>GAYLE D SWAIN</i></td> <td><i>416 CLABBY RD</i></td> <td><i>WEISER</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83672</i></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<i>PRES</i>	<i>GAYLE D SWAIN</i>	<i>416 CLABBY RD</i>	<i>WEISER</i>	<i>ID</i>	<i>USA</i>	<i>83672</i>
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5. Organized Under the Laws of: IDAHO C 149485		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <i>8/16/08</i></td> </tr> <tr> <td>Name (type or print): <i>GAYLE D SWAIN</i></td> <td>Title: <i>PRES</i></td> </tr> </table>		Signature: 	Date: <i>8/16/08</i>	Name (type or print): <i>GAYLE D SWAIN</i>	Title: <i>PRES</i>										
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