

REINSTATEMENT

No. C 110033	Annual Report Form ADMIN DISSOLVED 06/08/2007		2. Registered Agent and Office NOT A P.O. BOX																				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable		KEVIN JOHANSEN 2440 ELIZABETH BLVD TWIN FALLS, ID 83301																				
FEE DUE \$30.00	JOHANSEN ENTERPRISES INC. KEVIN JOHANSEN 2440 ELIZABETH BLVD TWIN FALLS, ID 83301		3. New registered agent signature																				
<p>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.</p> <table border="0"> <tr> <td>Office held</td> <td>Name</td> <td>Street or P.O. Address</td> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>President</td> <td>Kevin Johansen</td> <td>2440 Elizabeth</td> <td>Twin Falls</td> <td>ID.</td> <td>83301</td> </tr> <tr> <td>Secretary</td> <td>Tina Johansen</td> <td>2440 Elizabeth</td> <td>Twin Falls</td> <td>ID.</td> <td>83301</td> </tr> </table>						Office held	Name	Street or P.O. Address	City	State	Zip	President	Kevin Johansen	2440 Elizabeth	Twin Falls	ID.	83301	Secretary	Tina Johansen	2440 Elizabeth	Twin Falls	ID.	83301
Office held	Name	Street or P.O. Address	City	State	Zip																		
President	Kevin Johansen	2440 Elizabeth	Twin Falls	ID.	83301																		
Secretary	Tina Johansen	2440 Elizabeth	Twin Falls	ID.	83301																		
<p>5. Organized under the laws of:</p> <table border="0"> <tr> <td>IDAHO</td> <td>Signature <i>Kevin Johansen</i></td> <td>Date <u>3-5-08</u></td> </tr> <tr> <td>C 110033</td> <td>Name (Typed or Printed) <u>Tina Johansen</u></td> <td>Title <u>Secretary</u></td> </tr> </table>						IDAHO	Signature <i>Kevin Johansen</i>	Date <u>3-5-08</u>	C 110033	Name (Typed or Printed) <u>Tina Johansen</u>	Title <u>Secretary</u>												
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Issued 06/14/2007 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a **new** registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors (for corporations only), management (for LLCs only), or at least two (2) partners (for LPs and LLPs only). **Note:** Putting "same as last year" or "same as above" will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the corporation/LLC/LP/LLP. Print or type the name and title of the signer below the signature.

**SECRETARY OF STATE
IDAHO**