

04/26/2011 08:21 FAX 334 2080

Idaho Secretary of State

001/003

No. L 3650		Reinstatement Annual Report Form ADMIN TERMINATED 04/08/2009		2. Registered Agent and Office (NOT A.P.O. BOX) INCorp SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705																						
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. CK SQUARED LIMITED PARTNERSHIP 3363 S MAIN ST #3 WARSAW NY 14569		3. New Registered Agent Signature.																						
4. Limited Partnerships: Enter Names and Business Addresses of general partners.																										
<table border="1"><thead><tr><th>General Partners</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></td><td>Michael W. Kennedy</td><td>3363 S. Main St. #3</td><td>Warsaw</td><td>NY</td><td>Wyoming</td><td>14569</td></tr><tr><td></td><td>Karen Lee Kennedy</td><td>3363 S. Main St. #3</td><td>Warsaw</td><td>NY</td><td>Wyoming</td><td>14569</td></tr></tbody></table>						General Partners	Name	Street or PO Address	City	State	Country	Postal Code		Michael W. Kennedy	3363 S. Main St. #3	Warsaw	NY	Wyoming	14569		Karen Lee Kennedy	3363 S. Main St. #3	Warsaw	NY	Wyoming	14569
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5. Organized Under the Laws of: IDAHO L 3650		6. <table border="1"><tr><td>Signature: <u>Michael W. Kennedy</u></td><td>Date: <u>4/26/11</u></td></tr><tr><td>Name (type or print): <u>Michael W. Kennedy</u></td><td>Title: <u>G.P.</u></td></tr></table>				Signature: <u>Michael W. Kennedy</u>	Date: <u>4/26/11</u>	Name (type or print): <u>Michael W. Kennedy</u>	Title: <u>G.P.</u>																	
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