REINSTATEMENT FILED EFFECTIVE

No. W 35979	Annual Report Form ADMIN DISSOLVED 04/10/2007	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 FEE DUE $30.00	MERCHANT SAVINGS LLC ~~1411 N GEMSTONE PL~~ PO Box 2151 POST FALLS, ID 83854 Post Falls ID 83877	JAMES MARCHIONI 1411 N GEMSTONE PL POST FALLS, ID 83854 3. New registered agent signature

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.

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Matt Nevarez	PO Box 2151	Post Falls	ID	83877

W35979

5. Organized under the laws of:	6.
IDAHO W 35979	Signature Matt Nevarez Date 01-30-08 Name (Printed) Matt Nevarez Title Manager

Issued 1/30/2008 by SL1

2008 JAN 31 PM 2:58
SECRETARY OF STATE
STATE OF IDAHO

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.