No. W 44398	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011	2. Registered Agent and Office (NOT A P.O. BOX) JOHN HOLLOWAY 4054 N 2250 E FILER ID 83328
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. HOLLOWAY & COMPANY LLC JOHN HOLLOWAY 4054 N 2250 E FILER ID 83328	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
	John Holloway	4054 N 2250 E	Filer Id. T.F			83328
	Jody Holloway	4054 N 2250 E	Filer Id. T.F.			83328

5. Organized Under the Laws of:

IDAHO
W 44398

6.

Signature: [signature] Date: 2-16-11

Name (type or print): John Holloway Title: Owner member

Issued 02/11/2011 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the