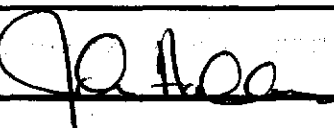


No. W 44398		Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) JOHN HOLLOWAY 4054 N 2250 E FILER ID 83328	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HOLLOWAY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