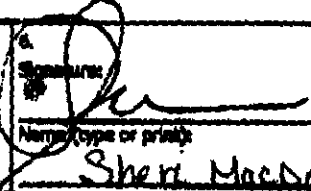


No. C 123024	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SHERI'S HOME INTERIORS, INC. SHERI M MACDONALD 1407 9TH ST PRIEST RIVER ID 83856		SHERI M MACDONALD 1407 9TH ST PRIEST RIVER ID 83856														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</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>President</td> <td>Sheri MacDonald</td> <td>1407 9th St</td> <td>Priest River Id</td> <td></td> <td></td> <td>83856</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Sheri MacDonald	1407 9th St	Priest River Id			83856	3. New Registered Agent Signature.
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Sheri MacDonald	1407 9th St	Priest River Id			83856											
5. Organized Under the Laws of: IDAHO C 123024	6. Signature:  Name (type or print): Sheri MacDonald		Date: 8-7-2012 Title: OWNER														

Issued 08/07/2012 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM