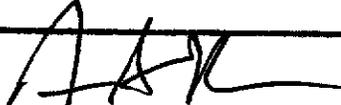


FILED EFFECTIVE

No. W 55340 Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) JASON KOVAC 4091 W STATE ST BOISE ID 83702 1119 E. State Street Boise, ID 83712	
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. KOVAC L.L.C. 7360 W 824 AGRES LN 1119 E. State St. BOISE ID 83709 Boise, ID 83712	
3. <i>Now</i> Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			
Office Held	Name	Street or PO Address	City State Country Postal Code
Member	Jason Kovac	1119 E. State St.	Boise ID USA: 83712
5. Organized Under the Laws of:		6.	
IDAHO W 55340		Signature: 	Date: 3/10/10
		Name (Type or print): Jason Kovac	Title: member
Issued 03/08/2009 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 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 single registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. *Note:* Do not put "same as last year" or "same as above". These 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 limited liability company. Print or type the name of the signer below the signature.