

FILED EFFECTIVE

REINSTATEMENT

No. W 25164	Annual Report Form ADMIN DISSOLVED 10/07/2004		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address: Correct in this box, if applicable TWILITE SERVICES, LLC STEVE HAYSLIP 327 ORCHARD DR GOODING, ID 83330		STEVE HAYSLIP 327 ORCHARD DR GOODING, ID 83330 3. <u>New</u> registered agent signature																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)																						
<table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President/Owner</td> <td>Colleen Hayslip</td> <td>327 Orchard Drive</td> <td>Gooding</td> <td>ID</td> <td>83330</td> </tr> <tr> <td>Manager</td> <td>Steve Hayslip</td> <td>327 Orchard Drive</td> <td>Gooding</td> <td>ID</td> <td>83330</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President/Owner	Colleen Hayslip	327 Orchard Drive	Gooding	ID	83330	Manager	Steve Hayslip	327 Orchard Drive	Gooding	ID	83330
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5. Organized under the laws of: IDAHO W 25164		6. Signature <u>Steve Hayslip</u> Date <u>10/20/04</u> Name (Typed or Printed) <u>Steve Hayslip</u> Title <u>Manager</u>																				

Issued 10/18/2004 by KAH