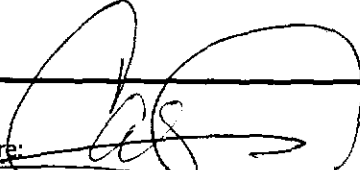


No. C 155061	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2010		2. Registered Agent and Office (NOT A P.O. BOX) CASEY CLAIR 6815 FAIRVIEW AVE BOISE ID 83704	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. X-TREME POCKETS & ACCESSORIES, INC. 6815 FAIRVIEW AVE BOISE ID 83704		3. <u>New</u> Registered Agent Signature.	

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Casey Clair	6815 FAIRVIEW	Boise	ID	US	83704

5. Organized Under the Laws of: IDAHO C 155061	6. Signature:  Name (type or print): <u>Casey Clair</u> Date: <u>5-25-11</u> Title: <u>Pres</u>
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Issued 05/26/2011 by LJC