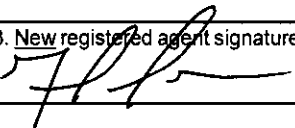
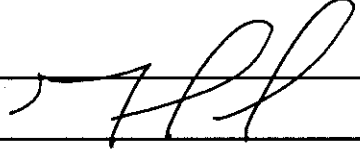


# REINSTATEMENT FILED/EFFECTIVE

No. <b>C 103737</b>  Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>FEE DUE \$30.00</b>	<b>Annual Report Form</b> ADMIN DISSOLVED 01/05/2001  1. Mailing Address - Correct in this box, if applicable NOBLE INVESTMENTS, INC. <del>TERESA LECLAIR</del> <del>851 E MILES AVE</del> <del>PO Box 2161</del> 1747 BRUCE RD. HAYDEN LAKE, ID 83835	2. Registered Agent and Office <b>NOT A P.O. BOX</b> <del>TERESA A. LECLAIR</del> 851 E MILES AVE 1747 BRUCE RD. Leclair HAYDEN LAKE, ID 83835  3. New registered agent signature 												
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> 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>PRES. DENT</td> <td>FRED L. Leclair III</td> <td>PO Box 2161</td> <td>HAYDEN</td> <td>Id</td> <td>83835</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRES. DENT	FRED L. Leclair III	PO Box 2161	HAYDEN	Id	83835
Office held	Name	Street or P.O. Address	City	State	Zip									
PRES. DENT	FRED L. Leclair III	PO Box 2161	HAYDEN	Id	83835									
5. Organized under the laws of: IDAHO C 103737	6.  Signature _____ Date <u>2/3/01</u> Name (Typed or Printed) <u>FRED L. Leclair</u> Title <u>pres. dent</u>													

Issued 01/29/2001

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