

No. C 34664	Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) JAMES A TARTER 556 4TH AVE. W. TWIN FALLS ID 83301														
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. O.K. AUTO SYSTEMS, INC. JAMES TARTER 556 FOURTH AVENUE WEST TWIN FALLS ID 83301		3. New Registered Agent Signature.														
	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>JAMES TARTER</td><td>556 4TH AVE W</td><td>TWIN FALLS</td><td>ID</td><td>USA</td><td>83301</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	JAMES TARTER	556 4TH AVE W	TWIN FALLS	ID	USA
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
PRESIDENT	JAMES TARTER	556 4TH AVE W	TWIN FALLS	ID	USA	83301											
5. Organized Under the Laws of: IDAHO C 34664	6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>1-20-2011</td></tr><tr><td>Name (type or print):</td><td>JAMES A. TARTER</td><td>Title:</td><td>PRES.</td></tr></table>				Signature:		Date:	1-20-2011	Name (type or print):	JAMES A. TARTER	Title:	PRES.					
Signature:		Date:	1-20-2011														
Name (type or print):	JAMES A. TARTER	Title:	PRES.														