

REINSTATEMENT

FILED EFFECTIVE

No. C 165320	Annual Report Form ADMIN DISSOLVED 05/08/2008	2. Registered Agent and Office NOT A P.O. BOX																										
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box if applicable VALLEY ONE NORTHWEST, INC. 1770 W STATE ST #323 BOISE, ID 83702	ENTITY SERVICES INC 1101 W RIVER ST #340 BOISE, ID 83702																										
		3. New registered agent signature																										
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <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</td> <td>SHAWN CLEVERDON</td> <td>1770 W STATE ST #323</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>DIRECTOR</td> <td>SHAWN CLEVERDON</td> <td>1770 W STATE ST #323</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>SECRETARY</td> <td>SHAWN CLEVERDON</td> <td>1770 W STATE ST #323</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	SHAWN CLEVERDON	1770 W STATE ST #323	BOISE	ID	83702	DIRECTOR	SHAWN CLEVERDON	1770 W STATE ST #323	BOISE	ID	83702	SECRETARY	SHAWN CLEVERDON	1770 W STATE ST #323	BOISE	ID	83702
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5. Organized under the laws of: IDAHO C 165320		6. Signature <u>Shawn Cleverdon</u> Date <u>6-27-08</u> Name (Typed or Printed) <u>Shawn Cleverdon</u> Title <u>PRESIDENT</u>																										

Issued 6/6/2008 by Linda