

REINSTATEMENT

FILED EFFECTIVE

No. C 59026	Annual Report Form ADMIN DISSOLVED 11/08/2007		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 SHEPHERD OF THE VALLEY EVANGELICAL SAM HOVEY CARY SCHWARZ 178 HIGHWAY 28 SALMON, ID 83467		SAM HOVEY CARY SCHWARZ 178 HIGHWAY 28 SALMON, ID 83467		
			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. Office held _____ Name _____ Street or P.O. Address _____			City _____ State _____ Zip _____		
chairman/ <i>Cary Schwarz</i> 178 Highway 28 Salmon ID 83467 president					
5. Organized under the laws of: IDAHO C 59026	6. Signature <i>C Schwarz</i> Name (Typed or Printed) <i>Cary Schwarz</i>		Date <u>10/2/08</u> Title <u>president</u>		

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