REINSTATEMENT

No.	Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX MICHAEL W POFF 10931 N DENEMERE LOOP 109 BRADY ST VAMPA, ID 83687 COUNCIL, \$1083612			
Return to: C 159044 SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable POFF CONSTRUCTION, INC. MICHAEL W POFF				
FEE DUE \$30.00	E DUE \$30.00 P.O. B OX 851		3. <u>New</u> registered agent signature		
 Corporations: Enter Names and Limited Liability Companies: En 	Business Addresses of President, Secretary and Directors ter Names and Addresses of Managers or Members (check	one)			
Office held Name PRES/SEC/DIRECTER MICH	Street or P.O. Address AEL W. POFF PO BOX 851	Cower	State ID	<u>Zio</u> 83612	
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		44 A	والمراجع المراجع المرا		
5. Organized under the laws of:	6. Signature man wiff	Suate Suate	571-07	7-	
IDAHO C 159044	Name (Typed or MICHAEL W. POFF		PRESIDE	υ τ	
lancad 04/06/0007 htt CLD		3			