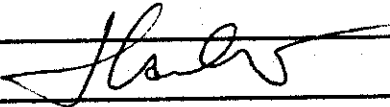
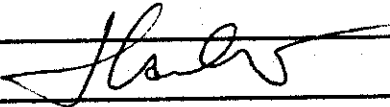
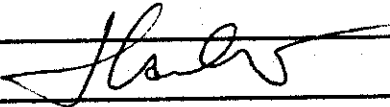


REINSTATEMENT

No. W 2401	Annual Report Form ADMIN DISSOLVED 08/06/2007		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 JUMPIN' JUICE & JAVA LC JEFF GABICA 1516 WARM SPRINGS AVE 4947 N. QUAIL SUMMIT PL. BOISE, ID 83712 83703		JEFF GABICA 1516 WARM SPRINGS AVE 4947 N. QUAIL SUMMIT PL. BOISE, ID 83712 83703 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>MANAGER</td> <td>JEFF GABICA</td> <td>4947 N. QUAIL SUMMIT PL.</td> <td>BOISE</td> <td>ID</td> <td>83703</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	JEFF GABICA	4947 N. QUAIL SUMMIT PL.	BOISE	ID	83703
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5. Organized under the laws of: IDAHO W 2401		6. <table border="1"> <tr> <td>Signature </td> <td>Date 10/22/07</td> </tr> <tr> <td>Name (Typed or Printed) JEFF GABICA</td> <td>Title OWNER</td> </tr> </table>			Signature 	Date 10/22/07	Name (Typed or Printed) JEFF GABICA	Title OWNER								
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Issued 10/22/2007 by NLB