

FILED EFFECTIVE

No. W 74234	Reinstatement Annual Report Form ADMIN DISSOLVED 08/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS T MITCHAM 4642 W SHAFER MEADOW LN BOISE ID 83714 <i>OK</i>														
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. ADVANCEDESIGN GROUP LC 4642 W SHAFER MEADOW LN BOISE ID 83714 <i>1770 W State St #194 -</i> <i>Boise, ID 83702</i>		3. <u>New</u> Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <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>Member</td> <td>Tom Mitcham</td> <td>1770 W State St #194</td> <td>Boise</td> <td>ID</td> <td>Ada</td> <td>83702</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member	Tom Mitcham	1770 W State St #194	Boise	ID	Ada	83702
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5. Organized Under the Laws of: IDAHO W 74234		6. <table border="1"> <tr> <td>Signature: <i>[Signature]</i></td> <td>Date: <i>6/28/10</i></td> </tr> <tr> <td>Name (type or print): <i>Tom Mitcham</i></td> <td>Title: <i>Member</i></td> </tr> </table>		Signature: <i>[Signature]</i>	Date: <i>6/28/10</i>	Name (type or print): <i>Tom Mitcham</i>	Title: <i>Member</i>										
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM