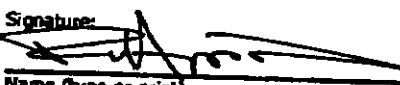


<b>No. C 124396</b>		<b>Reinstatement Annual Report Form ADMIN DISSOLVED 09/11/2006</b>															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		2. Registered Agent and Office (NOT A P.O. BOX) RONALD W HOPPINS 10790 W OVERLAND RD BOISE ID 83709															
REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. RONALD W. HOPPINS INSURANCE AGENCY, INC. RONALD W HOPPINS 10790 W OVERLAND RD BOISE ID 83709															
		3. New Registered Agent Signature.															
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <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>President</td><td>Ron Hoppins</td><td>1325 S Five Mile Rd</td><td>Boise</td><td>ID</td><td>Ada</td><td>83709</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Ron Hoppins	1325 S Five Mile Rd	Boise	ID	Ada	83709
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Ron Hoppins	1325 S Five Mile Rd	Boise	ID	Ada	83709											
5. Organized Under the Laws of: <b>IDAHO C 124396</b>		6. Signature:  Date: <b>3-27-13</b> Name (type or print): <b>Ronald W Hoppins</b> Title: <b>President</b>															
Issued 03/27/2013 by CLH																	