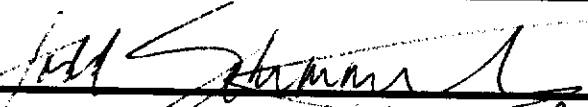
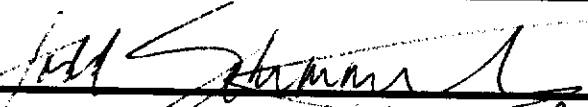
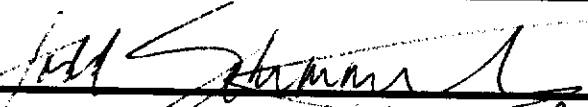


No. C 152991	Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) TODD SCHIMMELS 84 COLONY COVE WAY EAGLE ID 83616														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TODD SCHIMMELS PAINTING, INCORPORATED 84 COLONY COVE WAY EAGLE ID 83616		3. New Registered Agent Signature.														
	4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <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>Todd Schimmels</td><td>84 N. Colony Cove Way</td><td>Eagle</td><td>ID</td><td>USA</td><td>83616</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Todd Schimmels	84 N. Colony Cove Way	Eagle	ID	USA
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
President	Todd Schimmels	84 N. Colony Cove Way	Eagle	ID	USA	83616											
5. Organized Under the Laws of: IDAHO C 152991	6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>9-20-10</td></tr><tr><td>Name (type or print):</td><td>Todd M. Schimmels Pres.</td><td>Title:</td><td>9-20-10</td></tr></table>					Signature:		Date:	9-20-10	Name (type or print):	Todd M. Schimmels Pres.	Title:	9-20-10				
Signature:		Date:	9-20-10														
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Issued 07/07/2010 by SLD																	