

| No. <b>C 143746</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 08/05/2010</b>                                                                         |                                                                                                                                                                                                    | 2. Registered Agent and Office: (NOT A P.O. BOX)<br><b>MARK TROY</b><br><b>NO. 6 ADVENTURE LANE</b><br><b>SALMON ID 83467</b> |                             |                      |                                        |                         |       |         |             |           |              |           |        |    |       |       |           |           |            |   |   |   |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------|----------------------------------------|-------------------------|-------|---------|-------------|-----------|--------------|-----------|--------|----|-------|-------|-----------|-----------|------------|---|---|---|---|
| Return to:<br><b>SECRETARY OF STATE</b><br><b>450 N 4th STREET</b><br><b>PO BOX 83720</b><br><b>BOISE, ID 83720-0080</b><br><br><b>REINSTATEMENT</b><br><b>PER DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                    | 1. Mailing Address: Correct in this box if needed.<br><br><b>ACCESS BUS, INC.</b><br><b>MARK TROY</b><br><b>PO BOX 834</b><br><b>SALMON ID 83467</b> |                                                                                                                                                                                                    |                                                                                                                               |                             |                      |                                        |                         |       |         |             |           |              |           |        |    |       |       |           |           |            |   |   |   |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3. Now Registered Agent Signature.                                                                                                                   |                                                                                                                                                                                                    |                                                                                                                               |                             |                      |                                        |                         |       |         |             |           |              |           |        |    |       |       |           |           |            |   |   |   |   |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.<br><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>Kristin Troy</td><td>30 Oliver</td><td>Salmon</td><td>ID</td><td>Lemhi</td><td>83467</td></tr><tr><td>Secretary</td><td>Mark Troy</td><td>PO Box 834</td><td>"</td><td>"</td><td>"</td><td>"</td></tr></tbody></table> |                                                                                                                                                      |                                                                                                                                                                                                    |                                                                                                                               | Office Held                 | Name                 | Street or PO Address                   | City                    | State | Country | Postal Code | President | Kristin Troy | 30 Oliver | Salmon | ID | Lemhi | 83467 | Secretary | Mark Troy | PO Box 834 | " | " | " | " |
| Office Held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name                                                                                                                                                 | Street or PO Address                                                                                                                                                                               | City                                                                                                                          | State                       | Country              | Postal Code                            |                         |       |         |             |           |              |           |        |    |       |       |           |           |            |   |   |   |   |
| President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Kristin Troy                                                                                                                                         | 30 Oliver                                                                                                                                                                                          | Salmon                                                                                                                        | ID                          | Lemhi                | 83467                                  |                         |       |         |             |           |              |           |        |    |       |       |           |           |            |   |   |   |   |
| Secretary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mark Troy                                                                                                                                            | PO Box 834                                                                                                                                                                                         | "                                                                                                                             | "                           | "                    | "                                      |                         |       |         |             |           |              |           |        |    |       |       |           |           |            |   |   |   |   |
| 5. Organized Under the Laws of:<br><br><b>IDAHO</b><br><b>C 143746</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                      | 6.<br><table border="1"><tr><td>Signature: <u>Mark Troy</u></td><td>Date: <u>8/23/10</u></td></tr><tr><td>Name (type or print): <u>Mark Troy</u></td><td>Title: <u>Secretary</u></td></tr></table> |                                                                                                                               | Signature: <u>Mark Troy</u> | Date: <u>8/23/10</u> | Name (type or print): <u>Mark Troy</u> | Title: <u>Secretary</u> |       |         |             |           |              |           |        |    |       |       |           |           |            |   |   |   |   |
| Signature: <u>Mark Troy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Date: <u>8/23/10</u>                                                                                                                                 |                                                                                                                                                                                                    |                                                                                                                               |                             |                      |                                        |                         |       |         |             |           |              |           |        |    |       |       |           |           |            |   |   |   |   |
| Name (type or print): <u>Mark Troy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Title: <u>Secretary</u>                                                                                                                              |                                                                                                                                                                                                    |                                                                                                                               |                             |                      |                                        |                         |       |         |             |           |              |           |        |    |       |       |           |           |            |   |   |   |   |
| Issued 08/20/2010 by CLH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                      |                                                                                                                                                                                                    |                                                                                                                               |                             |                      |                                        |                         |       |         |             |           |              |           |        |    |       |       |           |           |            |   |   |   |   |