


REINSTATEMENT

No. W 15351	Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX														
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 	ADMIN DISSOLVED 08/08/2005 1. Mailing Address - Correct in this box if applicable CLEARWATER SPRINGS BOTTLED WATER L. TOM MCVAY 10356 N TARYNE ST HAYDEN, ID 83835		TOM MCVAY 10000 N SPUR ST RATHDRUM, ID 83858 3. <u>New registered agent signature</u>														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <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>CORI MCVAY</td> <td rowspan="2">SAME →</td> <td rowspan="2">10356 TARYNE ST</td> <td rowspan="2">ID</td> <td rowspan="2">83835</td> </tr> <tr> <td>MANAGER</td> <td>TOM MCVAY</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	CORI MCVAY	SAME →	10356 TARYNE ST	ID	83835	MANAGER	TOM MCVAY
Office held	Name	Street or P.O. Address	City	State	Zip												
MANAGER	CORI MCVAY	SAME →	10356 TARYNE ST	ID	83835												
MANAGER	TOM MCVAY																
5. Organized under the laws of: IDAHO W 15351	6. Signature <u>TOM MCVAY</u> Date <u>8/14/05</u> Name (Typed or Printed) <u>TOM MCVAY</u> Title <u>member</u>																