REINSTATEMENT

		Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
No. W 39028 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Addr	ess-Correct in this box, if applicable NT OUTFITTERS, L.L.C. weitzer Plaza Dr. #5	CALVIN L FULLER 987 GOLD CREEK RD SANDPOINT, ID 83864
FEE DUE \$30.00	Ponder SANDPOH	Ponderay. 10 83652 SANDPOINT, ID 83664	3. New registered agent signature
Limited Liability Companies: Office held Na	Enter Names and Ad	ses of President, Secretary and Directors dresses of Managers or Members (check one Street or P.O. Address 400 Chucitar Plaza Dr. #5 400 Schweiter Plaza Dr. #5	CITY STATE ED
5. Organized under the laws of: IDAHO W 39028		Signature Name (Typed or Printed) Calsia	2 Date 07/to/of
lesued 07/17/2006 by	SLD		ω