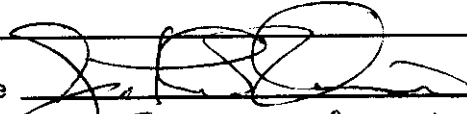


REINSTATEMENT

No. W 16798	Annual Report Form ADMIN DISSOLVED 01/06/2005	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 FEE DUE \$30.00	1. Mailing Address - Correct in this box if applicable 636 E CARTER 54 Davis Dr. POCA TELLO, ID 83201	JONATHAN VINCENT 636 E CARTER 54 Davis Dr. POCA TELLO, ID 83201 3. <u>New</u> registered agent signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ 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>owner</td> <td>Jonathan Vincent</td> <td>54 Davis Dr.</td> <td>Pocatello</td> <td>ID.</td> <td>83201</td> </tr> <tr> <td>owner</td> <td>Kasere Vincent</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	owner	Jonathan Vincent	54 Davis Dr.	Pocatello	ID.	83201	owner	Kasere Vincent	"	"	"	"
Office held	Name	Street or P.O. Address	City	State	Zip															
owner	Jonathan Vincent	54 Davis Dr.	Pocatello	ID.	83201															
owner	Kasere Vincent	"	"	"	"															
5. Organized under the laws of: IDAHO W 16798	6. Signature  Name (Typed or Printed) Jonathan Vincent Title owner Date 11/6/05																			