

REINSTATEMENT

FILED EFFECTIVE

No. W 58216	Annual Report Form ADMIN DISSOLVED 04/09/2008		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable EXELAR CONSULTING LLC 2004 N 19TH ST BOISE, ID 83702		RENE KLINE- <i>PETER ABITWIN</i> 2004 N 19TH ST BOISE, ID 83702 3. New registered agent signature <i>Peter Abitwin</i>																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <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>PETER ABITWIN</td> <td>2004 NORTH 19th ST</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> <tr> <td>MANAGER</td> <td>RENEE KLINE</td> <td>2004 NORTH 19th ST</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	PETER ABITWIN	2004 NORTH 19th ST	BOISE	ID	83702	MANAGER	RENEE KLINE	2004 NORTH 19th ST	BOISE	ID	83702
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MANAGER	PETER ABITWIN	2004 NORTH 19th ST	BOISE	ID	83702																	
MANAGER	RENEE KLINE	2004 NORTH 19th ST	BOISE	ID	83702																	
5. Organized under the laws of: IDAHO W 58216		6. Signature <i>Peter Abitwin</i> Date <u>22 April 2008</u> Name (Typed or Printed) <u>PETER ABITWIN</u> Title _____																				