

REINSTATEMENT FILED EFFECTIVE

No. W 28832	Annual Report Form ADMIN DISSOLVED 05/06/2005		2. Registered Agent and Office NOT A P.O. BOX GREGORY J EHARDT Martha Ruiz 1000 RIVERWALK DR STE 175 900 Rancheri Dr, Suite D IDAHO FALLS, ID 83402												
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 RUIZ TEAM, LLC 2181 RENDEZVOUS RD 7607 Cliffside Lane IDAHO FALLS, ID 83402	3. <u>New registered agent signature</u>													
<p>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)</p> <table> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Martha Ruiz</td> <td>900 Rancheri Dr, Suite D</td> <td>Idaho Falls</td> <td>ID</td> <td>83400</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Martha Ruiz	900 Rancheri Dr, Suite D	Idaho Falls	ID	83400
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Martha Ruiz	900 Rancheri Dr, Suite D	Idaho Falls	ID	83400										
5. Organized under the laws of: IDAHO W 28832	6. Signature <u>Martha Ruiz</u> Date <u>10/24/05</u> Name (Typed or Printed) <u>Martha Ruiz</u> Title <u>Manager</u>														

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