


REINSTATEMENT

FILED EFFECTIVE

No. C 169103	Annual Report Form ADMIN DISSOLVED 12/05/2007		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 ULTIMATE CONNECTIONS, INC. 100 E CHAPPAROSA DR 1577 N Linder Rd #256 KUNA, ID 83634		DONNY L BORDER III 199 E CHAPPAROSA DR KUNA, ID 83634 3. New registered agent signature													
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>President</td> <td>Don Border</td> <td>1577 N Linder Rd #256 KUNA, ID 83634</td> <td>KUNA</td> <td>ID</td> <td>83634</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Don Border	1577 N Linder Rd #256 KUNA, ID 83634	KUNA	ID	83634
Office held	Name	Street or P.O. Address	City	State	Zip											
President	Don Border	1577 N Linder Rd #256 KUNA, ID 83634	KUNA	ID	83634											
5. Organized under the laws of: IDAHO C 169103		6. Signature <u></u> Date <u>1/3/08</u> Name (Typed or Printed) <u>Don Border</u> Title <u>President</u>														

Issued 01/03/2008 by DK1