

# REINSTATEMENT

No. <b>W 52690</b>	<b>Annual Report Form</b> <b>ADMIN DISSOLVED 10/10/2007</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>		
Return to: <b>SECRETARY OF STATE</b> <b>450 N 4th STREET</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b> <b>FEE DUE \$30.00</b>	1. Mailing Address - Correct in this box, if applicable <b>PRIEST RIVER FAMILY OIL, LLC</b> <b>P.O. Box 1962</b> <b>5509 E SHORELINE DR</b> <b>PRIEST RIVER, ID 83856</b> <b>POST FALLS, ID 83854</b>		<b>JOHN H KIRK</b> <b>218 CEDAR ST</b> <b>PRIEST RIVER, ID 83856</b>		
			3. New registered agent signature		
			 <b>JOHN H KIRK</b> <b>SECRETARY OF STATE</b> <b>STATE OF IDAHO</b> <b>POST FALLS, ID 83856</b> <b>11/07/07</b>		
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. Office held      Name      Street or P.O. Address      City      State      Zip MEMBER      JOHN H. KIRK      P.O. Box 1962      PRIEST RIVER      ID      83856 MEMBER      SHEILA M KIRK      P.O. Box 1962      PRIEST RIVER      ID      83856					
5. Organized under the laws of: <b>IDAHO</b> <b>W 52690</b>					
6. Signature  Name (Typed or Printed) <b>John H. Kirk</b> Date <b>11/07/07</b> Title <b>MEMBER</b>					

Issued 11/05/2007 by SL1