

No. W 45358	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		LARRY LEWIS 364 JASPER AVE NOTUS ID 83656-0372													
	20/26 LLC LARRY LEWIS BOX 372 NOTUS ID 83656-0372		3. <u>New</u> Registered Agent Signature.													
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																
<table border="1"> <thead> <tr> <th>Manager or Member Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager Member (circle one) <u>Larry Lewis</u></td> <td>364 Jasper Ave P.O. Box 372</td> <td>Notus</td> <td>Ida</td> <td>Conyer</td> <td>83656</td> </tr> </tbody> </table>					Manager or Member Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one) <u>Larry Lewis</u>	364 Jasper Ave P.O. Box 372	Notus	Ida	Conyer	83656
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Manager Member (circle one) <u>Larry Lewis</u>	364 Jasper Ave P.O. Box 372	Notus	Ida	Conyer	83656											
5. Organized Under the Laws of: IDAHO W 45358		6. Signature: <u>Larry Lewis</u> Date: <u>3/18/12</u> Name (type or print): <u>LARRY LEWIS</u> <u>Manager</u>														
Issued 03/14/2011 by CLH																