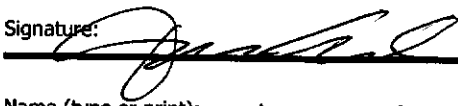


No. C 171018	Reinstatement Annual Report Form ADMIN DISSOLVED 04/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) JESSE J ADAME 4519 CHINDEN BLVD 12333 W. Ardycr dr BOISE ID 83713-83713
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PRO ALLIANCE INSULATION & REMODELING. INC. 12333 W. Ardycr dr 4519 CHINDEN BLVD BOISE ID 83714 83713		
3. <u>New</u> Registered Agent Signature.			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.			
Office Held	Name	Street or PO Address	City State Country Postal Code
Pres	JESSE Adame	12333 W. Ardycr dr	BOISE ID 83713
5. Organized Under the Laws of:		6.	
IDAHO C 171018		Signature: 	Date: 8.17.10
		Name (type or print): JESSE Adame	Title: Pres
Issued 08/17/2010 by JL1			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM