No. W 31388	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009	2. Registered Agent and Office (NOT A P.O. BOX) EARL T COFFMAN 851 S 5TH AVE POCATELLO ID 83204
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. E. THOMAS, L.L.C. 851 S 5TH AVE POCATELLO ID 83204	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	EARL COFFMAN	8972 NORTHERN LIGHTS	POCATELLO	ID	IDAHO	83201

5. Organized Under the Laws of:

IDAHO
W 31388

6. Signature: [signature] Date: 10/2/09

Name (type or print): EARL COFFMAN Title: MANAGER

Issued 10/02/2009 by KAH