

REINSTATEMENT

No. W 30000	Annual Report Form ADMIN DISSOLVED 07/07/2005		2. Registered Agent and Office NOT A P.O. BOX								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable MOM'S LOANS, LLC 940 CALDWELL BLVD NAMPA, ID 83651		STEPHANIE ODERMOTT 940 CALDWELL BLVD NAMPA, ID 83651								
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 <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)											
<u>Office held</u> owner	<u>Name</u> Stephanie Odermott	<u>Street or P.O. Address</u> 924 Caldwell Blvd	<table border="0"> <tr> <td><u>City</u></td> <td><u>State</u></td> <td><u>Zip</u></td> </tr> <tr> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> </table>	<u>City</u>	<u>State</u>	<u>Zip</u>	Nampa	ID	83651		
<u>City</u>	<u>State</u>	<u>Zip</u>									
Nampa	ID	83651									
5. Organized under the laws of: IDAHO W 30000	<table border="0"> <tr> <td>6. Signature</td> <td><u>Stephanie Odermott</u></td> <td>Date</td> <td><u>10-17-5</u></td> </tr> <tr> <td>Name (Typed or Printed)</td> <td><u>Stephanie Odermott</u></td> <td>Title</td> <td><u>owner</u></td> </tr> </table>			6. Signature	<u>Stephanie Odermott</u>	Date	<u>10-17-5</u>	Name (Typed or Printed)	<u>Stephanie Odermott</u>	Title	<u>owner</u>
6. Signature	<u>Stephanie Odermott</u>	Date	<u>10-17-5</u>								
Name (Typed or Printed)	<u>Stephanie Odermott</u>	Title	<u>owner</u>								