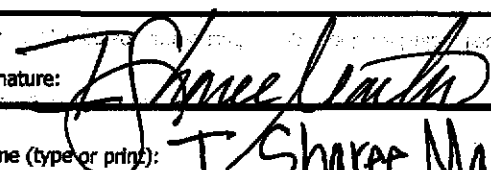


No. W 66892	FILED EFFECTIVE Reinstatement Annual Report Form ADMIN DISSOLVED 12/05/2008		2. Registered Agent and Office (NOT A P.O. BOX) I SHAREE MARTIN 5013 MAPLE CREEK RD FRANKLIN ID 83237 446 E 1st S Preston ID 83263
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ALTERNATE ROUTE LLC 5013 MAPLE CREEK RD 446 E 1st S FRANKLIN ID 83237 Preston, ID 83263		3. New Registered Agent Signature.
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	Sharee Martin	446 E 1st S	Preston ID USA 83263
manager	Kendall Martin	446 E 1st S	Preston ID USA 83263
5. Organized Under the Laws of: IDAHO W 66892		6. Signature:  Name (type or print): I Sharee Martin	
		Date: 01-26-09 Title: Manager	