

REINSTATEMENT

FILED EFFECTIVE

No. C 140855	Annual Report Form ADMIN DISSOLVED 12/05/2002	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	SPEIRS, INC. <i>3803 Ridgview Circle</i> JASON SPEIRS 5465 E SKIDMORE DR <i>Idaho Falls, ID 83406</i> AMMON, ID-83406	JASON SPEIRS 5465 E SKIDMORE DR AMMON, ID-83406									
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 ☐ Managers or ☐ Members (check one)											
<u>Office held</u> <i>President</i> <i>Secretary</i>	<u>Name</u> <i>Jason Speirs</i> <i>Julia Speirs</i>	<u>Street or P.O. Address</u> <i>3803 Ridgview Circle</i> <i>3803 Ridgview Circle</i> <table border="1"><thead><tr><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td><i>Idaho Falls</i></td><td><i>ID</i></td><td><i>83406</i></td></tr><tr><td><i>Idaho Falls</i></td><td><i>ID</i></td><td><i>83406</i></td></tr></tbody></table>	<u>City</u>	<u>State</u>	<u>Zip</u>	<i>Idaho Falls</i>	<i>ID</i>	<i>83406</i>	<i>Idaho Falls</i>	<i>ID</i>	<i>83406</i>
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5. Organized under the laws of: IDAHO C 140855											
6. Signature <i>[Signature]</i> Name (Typed or Printed) <i>Jason Speirs</i>		Date <i>10/22/03</i> Title <i>President</i>									