

REINSTATEMENT FILED EFFECTIVE

No. C 162438 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	Annual Report Form ADMIN DISSOLVED 12/08/2006 1. Mailing Address - Correct in this box, if applicable IMAGE FRAMING CORPORATION 2135 MAPLE CT FRUITLAND, ID 83619	2. Registered Agent and Office NOT A P.O. BOX CODY VAUGHN 2135 MAPLE CT FRUITLAND, ID 83619 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 management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"><u>Office held</u></td> <td style="text-align: center;"><u>Name</u></td> <td style="text-align: center;"><u>Street or P.O. Address</u></td> <td style="text-align: center;"><u>City</u></td> <td style="text-align: center;"><u>State</u></td> <td style="text-align: center;"><u>Zip</u></td> </tr> <tr> <td style="text-align: center;">President</td> <td style="text-align: center;">Cody Vaughn</td> <td style="text-align: center;">2135 Maple CT</td> <td style="text-align: center;">Fruitland</td> <td style="text-align: center;">ID</td> <td style="text-align: center;">83619</td> </tr> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	Cody Vaughn	2135 Maple CT	Fruitland	ID	83619
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
President	Cody Vaughn	2135 Maple CT	Fruitland	ID	83619									
5. Organized under the laws of: IDAHO C 162438	6. Signature <u>Cody Vaughn</u> Date <u>08/16/07</u> Name (Typed or Printed) <u>Cody Vaughn</u> Title <u>President</u>													

SECRETARY OF STATE
 IDAHO
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Issued 08/13/2007 by KAH