

REINSTATEMENT

No. W 61043	Annual Report Form ADMIN DISSOLVED 06/05/2008		2. Registered Agent and Office NOT A P.O. BOX																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable LOWE TECHNOLOGY, LLC LORI LOWE 11666 W VICTORY RD BOISE, ID 83709		LORI LOWE 11666 W VICTORY RD BOISE, ID 83709 3. <u>New</u> 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 border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Lori A Lowe</td> <td>11666 W Victory RD</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> <tr> <td>Partner</td> <td>Michael Lowe</td> <td>11666 W Victory RD</td> <td>Boise</td> <td>ID</td> <td>83709</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Lori A Lowe	11666 W Victory RD	Boise	ID	83709	Partner	Michael Lowe	11666 W Victory RD	Boise	ID	83709
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Partner	Michael Lowe	11666 W Victory RD	Boise	ID	83709																	
5. Organized under the laws of: IDAHO W 61043		6. Signature <u>Lori A. Lowe</u> Date <u>1-30-2009</u> Name (Typed or Printed) <u>Lori A. Lowe</u> Title <u>Manager</u>																				

Issued 12/17/2008 by LJM