

No. C 128361	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) SAMUEL TRACEY DAVIS 4893 E HWY 36 MALAD ID 83252																						
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. DAVIS SOD, INC. 4893 E HWY 36 MALAD ID 83252		3. New Registered Agent Signature.																						
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Tim S Davis</td> <td>2333 W 500 S</td> <td>Malad</td> <td>ID</td> <td>USA</td> <td>83252</td> </tr> <tr> <td>Secretary/Rep</td> <td>Samuel Tracey Davis</td> <td>4893 E Hwy 36</td> <td>Malad</td> <td>ID</td> <td>USA</td> <td>83252</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Tim S Davis	2333 W 500 S	Malad	ID	USA	83252	Secretary/Rep	Samuel Tracey Davis	4893 E Hwy 36	Malad	ID	USA	83252
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Secretary/Rep	Samuel Tracey Davis	4893 E Hwy 36	Malad	ID	USA	83252																			
5. Organized Under the Laws of: IDAHO C 128361		6. Signature: <u><i>Samuel Tracey Davis</i></u> Date: <u>7-28-09</u> Name (type or print): <u>Samuel Tracey Davis</u> Title: <u>Manager</u>																							
Issued 07/16/2009 by SL1																									