

REINSTATEMENT

No. C 127165 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 04/08/2005	2. Registered Agent and Office NOT A P.O. BOX BLAINE HOAGLAND 6764 BUTTE RD 447 Adams MELBA, ID 83641 Twin Falls ID 83301																		
1. Mailing Address - Correct in this box, if applicable 2 LAZY B, INC. BLAINE HOAGLAND 6764 BUTTE RD 447 Adams MELBA, ID 83641 Twin Falls ID 83301		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 border="0"> <thead> <tr> <th></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>Pres.</td> <td>Blaine Hoagland</td> <td>447 Adams</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> <tr> <td>Sec.</td> <td>Kathleen Hoagland</td> <td>447 Adams</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	Pres.	Blaine Hoagland	447 Adams	Twin Falls	ID	83301	Sec.	Kathleen Hoagland	447 Adams	Twin Falls	ID	83301
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Pres.	Blaine Hoagland	447 Adams	Twin Falls	ID	83301															
Sec.	Kathleen Hoagland	447 Adams	Twin Falls	ID	83301															
5. Organized under the laws of: IDAHO C 127165	6. Signature <u>Kathleen Hoagland</u> Date <u>9/15/07</u> Name (Typed or Printed) <u>Kathleen Hoagland</u> Title <u>Secretary</u>																			