▲ Tear Here ▲ ▲ Tear H ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M00000002547

APPLICATIO... FOR ... DEPARTMENT ... STATE
C... Glen... E. Hoo...
REINSTATEME... ...ecretary of Sta...
DI... OF CORPORA...

FILED
...ETARY OF STATE
DIVISION OF CORPOR...IONS

1. DOCUMENT # M00000002547

04 MAR 29 AM 10:46

Name and Mailing Address

EA 04/08/04

0016831 01 MB 0.309 **AUTO T1 0 0615 83717-021919

LEONARD PETROLEUM EQUIPMENT OF BOISE, L.L.C.
P.O. BOX 170219
BOISE ID 83717-0219

REINSTATEMENT 2003 2004

2. New Mailing Address City, State, Zip	4. State/Country of Formation: ID 5. Date Organized or Qualified To Do Business in Florida: 12/13/2000
Principal Place of Business: 6439 SUPPLY WAY, BOISE ID 83716 3. New Principal Place of Business Address City, State, Zip	6. FEI Number: 82-0517762 ☐ Applied For ☐ Not Applicable 7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

CR2E014 (7/03)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) 700025728437 04/14/04--01020--017 **50.00 City FL Zip Code

10. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date 1/14/04

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LEONARD, STEVEN L PARTNER	3813 N 2800 E	TWIN FALLS ID 83301
MGRM	KING, STEVE A PARTNER	2114 S. ELDER	NAMPA ID 83686
MGRM	STORER, KENT L PARTNER	6403 WRIGHT LANE	NAMPA ID 83686
		700025728437 12/23/03--01041--006 **150.00	
		REINSTATEMENT 2003 2004	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager SIGNATURE REQUIRED Date 12/16/03 Daytime Phone # (208) 336-1155

Typed or printed name of signing Managing Member/Manager

631848