

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

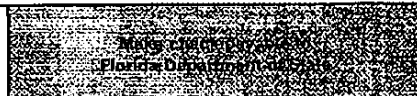
FILED

2006 OCT 31 PM 2: 54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05000001255 1. Entity Name CH2M HILL/IAP, LLC			
Principal Place of Business 9191 SOUTH JAMAICA STREET ENGLEWOOD, CO 80112		Mailing Address 9191 SOUTH JAMAICA STREET ENGLEWOOD, CO 80112	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 9191 S. Jamaica St ATTN: TAX DEPT Englewood, CO 80112 USA	
4. FEI Number 86-1050529		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE MICHAEL MIRRIONE, ASST. SECY. 10/18/06 <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00		In accordance with s. 807.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CRAFT, GARY <input type="checkbox"/> Delete 13921 PARK CENTER ROAD, SUITE 600 HERNDON, VA 20171	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800081390589 10/31/06--01057--005 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSENBLUM, DAVID C <input type="checkbox"/> Delete 9191 SOUTH JAMAICA STREET ENGLEWOOD, CO 80112	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: DAVID A. ROSENBLUM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		10/20/06 303-771-0900 <small>Date Daytime Phone #</small>	



10182006 REIN-LLC CR2E101 (11/05)



REINSTATEMENT