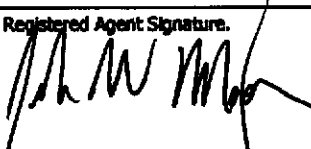
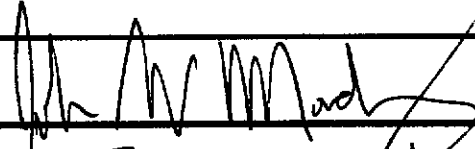
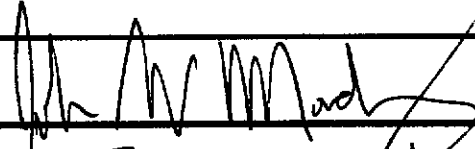
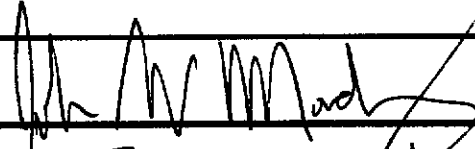


FILED EFFECTIVE

No. W 16286	Reinstatement Annual Report Form ADMIN DISSOLVED 11/06/2008		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		MICHAEL A HALL John W. Mackey 408 W IDAHO ST 398 S. 9th St., Ste 260 BOISE ID 83702 BOISE, ID 83702														
	QUALITY REAL ESTATE AND STOCK INVESTMENTS LLC MICHAEL A. HALL 1501 FEDERAL WAY 398 S. 9th St. SUITE 400 Ste. 260 BOISE ID 83705 Boise, ID 83702		3. New Registered Agent Signature. 														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <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>Manager</td><td>John Mackey</td><td>14277 S. Mayfield Dr.</td><td>Draper</td><td>UT</td><td></td><td>84020</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Manager	John Mackey	14277 S. Mayfield Dr.	Draper	UT		84020
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
Manager	John Mackey	14277 S. Mayfield Dr.	Draper	UT		84020											
5. Organized Under the Laws of: IDAHO W 16286		6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>5/18/09</td></tr><tr><td>Name (type or print):</td><td>John W. Mackey</td><td>Title:</td><td>Manager</td></tr></table>		Signature:		Date:	5/18/09	Name (type or print):	John W. Mackey	Title:	Manager						
Signature:		Date:	5/18/09														
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Issued 05/18/2009 by NLB																	