

No. W 81139	Reinstatement Annual Report Form ADMIN DISSOLVED 05/05/2010		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. HOSPITALITY ENTERPRISES LLC JOHN LARSON 3706 E GREENMEADOWS PL NAMPA ID 83687		JOHN LARSON 3706 E GREENMEADOWS PL NAMPA ID 83687														
			3. New Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of <u>Managers OR Members</u>. <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>PARTNER</td><td>JOHN LARSON</td><td>3706 E. GREENMEADOWS PLACE</td><td>NAMPA</td><td>ID</td><td>USA</td><td>83687</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PARTNER	JOHN LARSON	3706 E. GREENMEADOWS PLACE	NAMPA	ID	USA	83687
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
PARTNER	JOHN LARSON	3706 E. GREENMEADOWS PLACE	NAMPA	ID	USA	83687											
5. Organized Under the Laws of: IDAHO W 81139		6. <table border="1"><tr><td>Signature:</td><td><i>John Larson</i></td><td>Date:</td><td>7/10/10</td></tr><tr><td>Name (type or print):</td><td>JOHN LARSON</td><td>Title:</td><td>Partner</td></tr></table>		Signature:	<i>John Larson</i>	Date:	7/10/10	Name (type or print):	JOHN LARSON	Title:	Partner						
Signature:	<i>John Larson</i>	Date:	7/10/10														
Name (type or print):	JOHN LARSON	Title:	Partner														
Issued 07/09/2010 by DK1																	