FILED EFFECTIVE

No. W 73310	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010	2. Registered Agent and Office (NOT A P.O. BOX) ERIC L OLSEN 201 E CENTER ST POCATELLO ID 83201
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. FOUR WINDS HOLDINGS, LLC PO BOX ~~51753~~ 50345 411 IDAHO FALLS ID 83405	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
~~Bruce~~ MANAGER	Bruce Miller	P.O. Box 50345 411	Idaho Falls	ID	Bon.	83405
MANAGER	Sylvia Medina	~~SAME address~~ P.O. Box 50611	Idaho Falls,	ID	Bonneville	83405

5. Organized Under the Laws of:	6.
IDAHO W 73310	Signature: [signature] Date: 7/22/10 ~~7/10~~ Name (type or print): BRUCE MILLER Title: MANAGER

Issued 07/21/2010 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM