

No. W 70493		Reinstatement Annual Report Form ADMIN DISSOLVED 04/06/2010		2. Registered Agent and Office (NOT A P.O. BOX) R DAVID HARRINGTON 192 SWIFTWATER RD KOOSKIA ID 83539															
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. 2/2, L.L.C. R DAVID HARRINGTON 192 SWIFTWATER RD KOOSKIA ID 83539		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>R. David Harrington</td><td>192 Swiftwater Rd.</td><td>Kooskia, ID</td><td>US</td><td>83539</td><td></td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Manager	R. David Harrington	192 Swiftwater Rd.	Kooskia, ID	US	83539	
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5. Organized Under the Laws of: IDAHO W 70493		6. <table border="1"><tr><td>Signature: <i>R. David Harrington</i></td><td>Date: 9-16-10</td></tr><tr><td>Name (type or print): R. David Harrington</td><td>Title: 9-16-10</td></tr></table>				Signature: <i>R. David Harrington</i>	Date: 9-16-10	Name (type or print): R. David Harrington	Title: 9-16-10										
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