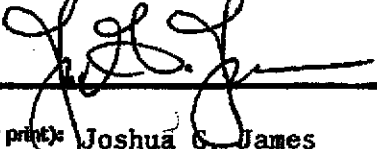
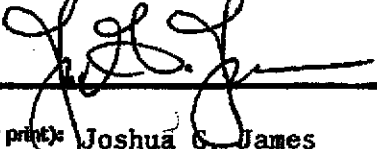
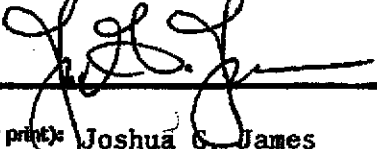


# FILED EFFECTIVE

| <b>No. W 72912</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 06/04/2009</b>                                         |                                                                                                                                                                                                                                                                      | <b>2. Registered Agent and Office (NOT A P.O. BOX)</b><br>BLAKE BROWN<br>2037 E BERGGREN LN<br>IDAHO FALLS ID 83401 |       |                                                                                                |               |                                       |                |       |         |             |         |              |                     |        |    |  |       |         |             |                         |              |    |  |       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------|---------------|---------------------------------------|----------------|-------|---------|-------------|---------|--------------|---------------------|--------|----|--|-------|---------|-------------|-------------------------|--------------|----|--|-------|
| <b>Return to:</b><br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1. Mailing Address: Correct in this box if needed.</b><br>TOMMY BOY, LLC<br>PO Box 51962<br>Idaho Falls, ID 83405 |                                                                                                                                                                                                                                                                      | <b>3. New Registered Agent Signature.</b>                                                                           |       |                                                                                                |               |                                       |                |       |         |             |         |              |                     |        |    |  |       |         |             |                         |              |    |  |       |
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b><br><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>Chatham, LLC</td> <td>4223 Vintage Circle</td> <td>Provo,</td> <td>UT</td> <td></td> <td>84604</td> </tr> <tr> <td>Manager</td> <td>Blake Brown</td> <td>2037 East Berggren Lane</td> <td>Idaho Falls,</td> <td>ID</td> <td></td> <td>83401</td> </tr> </tbody> </table> |                                                                                                                      |                                                                                                                                                                                                                                                                      |                                                                                                                     |       | Office Held                                                                                    | Name          | Street or PO Address                  | City           | State | Country | Postal Code | Manager | Chatham, LLC | 4223 Vintage Circle | Provo, | UT |  | 84604 | Manager | Blake Brown | 2037 East Berggren Lane | Idaho Falls, | ID |  | 83401 |
| Office Held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name                                                                                                                 | Street or PO Address                                                                                                                                                                                                                                                 | City                                                                                                                | State | Country                                                                                        | Postal Code   |                                       |                |       |         |             |         |              |                     |        |    |  |       |         |             |                         |              |    |  |       |
| Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Chatham, LLC                                                                                                         | 4223 Vintage Circle                                                                                                                                                                                                                                                  | Provo,                                                                                                              | UT    |                                                                                                | 84604         |                                       |                |       |         |             |         |              |                     |        |    |  |       |         |             |                         |              |    |  |       |
| Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Blake Brown                                                                                                          | 2037 East Berggren Lane                                                                                                                                                                                                                                              | Idaho Falls,                                                                                                        | ID    |                                                                                                | 83401         |                                       |                |       |         |             |         |              |                     |        |    |  |       |         |             |                         |              |    |  |       |
| <b>5. Organized Under the Laws of:</b><br>IDAHO<br>W 72912                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | <b>6.</b><br><table border="1"> <tr> <td>Signature: </td> <td>Date: 3/11/10</td> </tr> <tr> <td>Name (type or print): Joshua S. James</td> <td>Title: Manager</td> </tr> </table> |                                                                                                                     |       | Signature:  | Date: 3/11/10 | Name (type or print): Joshua S. James | Title: Manager |       |         |             |         |              |                     |        |    |  |       |         |             |                         |              |    |  |       |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Date: 3/11/10                                                                                                        |                                                                                                                                                                                                                                                                      |                                                                                                                     |       |                                                                                                |               |                                       |                |       |         |             |         |              |                     |        |    |  |       |         |             |                         |              |    |  |       |
| Name (type or print): Joshua S. James                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Title: Manager                                                                                                       |                                                                                                                                                                                                                                                                      |                                                                                                                     |       |                                                                                                |               |                                       |                |       |         |             |         |              |                     |        |    |  |       |         |             |                         |              |    |  |       |
| Issued 03/02/2010 by DK1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                      |                                                                                                                                                                                                                                                                      |                                                                                                                     |       |                                                                                                |               |                                       |                |       |         |             |         |              |                     |        |    |  |       |         |             |                         |              |    |  |       |