

REINSTATEMENT

FILED EFFECTIVE

No. C 126809	Annual Report Form ADMIN DISSOLVED 03/08/2001		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address: Correct in this box, if applicable WOLVERTON AND WRIGHT SUBDIVISION OW MARK W WRIGHT 166 88th ST WAVE <i>414 Shoup Ave W Ste 1</i> TWIN FALLS, ID 83301		MARK W WRIGHT 166 88th ST WAVE TWIN FALLS, ID 83301													
3. <u>New</u> registered agent signature																
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:20%;">Office held</th> <th style="width:20%;">Name</th> <th style="width:30%;">Street or P.O. Address</th> <th style="width:15%;">City</th> <th style="width:10%;">State</th> <th style="width:5%;">Zip</th> </tr> </thead> <tbody> <tr> <td><i>Partner</i></td> <td><i>Mark W Wright</i></td> <td><i>414 Shoup Ave W Ste 1</i></td> <td><i>Twin Falls</i></td> <td><i>ID</i></td> <td><i>83301</i></td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	<i>Partner</i>	<i>Mark W Wright</i>	<i>414 Shoup Ave W Ste 1</i>	<i>Twin Falls</i>	<i>ID</i>	<i>83301</i>
Office held	Name	Street or P.O. Address	City	State	Zip											
<i>Partner</i>	<i>Mark W Wright</i>	<i>414 Shoup Ave W Ste 1</i>	<i>Twin Falls</i>	<i>ID</i>	<i>83301</i>											
5. Organized under the laws of: IDAHO C 126809		6. <i>[Signature]</i> Signature _____ Date <i>3/10/04</i> Name (Typed or Printed) <i>Mark W Wright</i> Title <i>Partner</i>														

Issued 01/07/2004