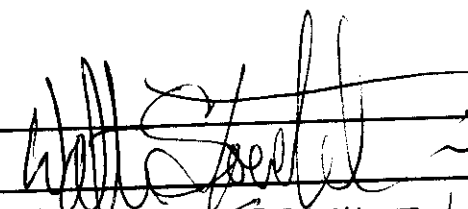


REINSTATEMENT

No. W 10454	Annual Report Form ADMIN DISSOLVED 03/08/2002	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 BAR HORSESHOE RANCH, LLC DAVID STOECKLEIN <i>40 BRIAN CARNEY</i> PO BOX 856 <i>Box 2126</i> KETCHUM, ID 83340 <i>HAILEY, ID. 83333</i>	BRIAN BARSOTTI 215 PICABO ST STE 304 KETCHUM, ID 83340 3. <u>New</u> registered agent signature																		
4. Corporations: Enter Names and Business Addresses of <u>President, Secretary and Directors</u> Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ <u>Members</u> (check one)																				
<table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>WALTER STOECKLEIN</td> <td>949 RT 910</td> <td>CHESWICK</td> <td>PA</td> <td>15024</td> </tr> <tr> <td>MEMBER</td> <td>Shirley Stoecklein</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	WALTER STOECKLEIN	949 RT 910	CHESWICK	PA	15024	MEMBER	Shirley Stoecklein	"	"	"	"
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>															
MEMBER	WALTER STOECKLEIN	949 RT 910	CHESWICK	PA	15024															
MEMBER	Shirley Stoecklein	"	"	"	"															
5. Organized under the laws of: IDAHO W 10454	6. Signature  Date <u>4/12/02</u> Name (Typed or Printed) <u>WALTER STOECKLEIN</u> Title _____																			

Issued 03/27/2002