

REINSTATEMENT

No. W 28398	Annual Report Form ADMIN DISSOLVED 05/07/2007	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 SOUTHSIDE ASSOCIATES OF IDAHO FALLS NADENE JENKINS 3846 S CANYON RIVER WAY #1 P.O. Box 160711 SALT LAKE CITY, UT 84119 CLEARFIELD UT 84016-0711	STEVEN R PARRY 490 MEMORIAL DR IDAHO FALLS, ID 83405 3. New registered agent signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0"> <tr> <td>Office held</td> <td>Name</td> <td>Street or P.O. Address</td> <td>City</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Manager</td> <td>Nadene Jenkins</td> <td>P.O. Box 160711</td> <td>CLEARFIELD</td> <td>UTAH</td> <td>84016-0711</td> </tr> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Nadene Jenkins	P.O. Box 160711	CLEARFIELD	UTAH	84016-0711
Office held	Name	Street or P.O. Address	City	State	Zip									
Manager	Nadene Jenkins	P.O. Box 160711	CLEARFIELD	UTAH	84016-0711									
5. Organized under the laws of: IDAHO W 28398	6. Signature <i>Nadene Jenkins-Part</i> Date <u>05/25/07</u> Name (Type or Print) <u>Nadene Jenkins-Part</u> Title <u>Manager</u>													

Issued 05/17/2007 by SLD