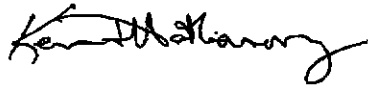



No. W 21226	Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2005		2. Registered Agent and Office (NOT A P.O. BOX)														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. X ENTERPRISES, LLC 588 E 3rd IDAHO FALLS ID 83402 1005 Ada Ave. Idaho Falls, ID 83402		STEFANY J EHARDT 1000 RIVER DR STE 175 IDAHO FALLS ID 83402 83402 Kevin Hathaway 1005 Ada Ave. Idaho Falls ID 3. New Registered Agent Signature: 														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																	
<table border="1"> <thead> <tr> <th>Manager or Member</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>Member (circle one)</td> <td>Kevin Hathaway</td> <td>1005 Ada Ave</td> <td>Idaho Falls ID</td> <td>Bonneville</td> <td></td> <td>83402</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Member (circle one)	Kevin Hathaway	1005 Ada Ave	Idaho Falls ID	Bonneville		83402
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code											
Member (circle one)	Kevin Hathaway	1005 Ada Ave	Idaho Falls ID	Bonneville		83402											
5. Organized Under the Laws of: IDAHO W 21226		6. Signature:  Date: 8/26/11 Name (type or print): Kevin Hathaway Title: Member															
Issued 08/26/2011 by SLD																	