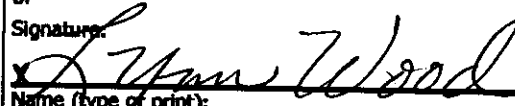


<b>No. W 38252</b>		<b>Reinstatement Annual Report Form ADMIN DISSOLVED 07/12/2011</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> LYNN WOOD 1014 E 1500 N TERRETON ID 83450	
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b> MUD LACRES, LLC LYNN WOOD 1014 E 1500 N TERRETON ID 83450		<b>3. New Registered Agent Signature.</b>	
<b>REINSTATEMENT FEE DUE: \$30.00</b>					
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>					
<b>Manager or Member</b>		<b>Name</b>	<b>Street or PO Address</b>	<b>City</b>	<b>State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		LYNN WOOD	1014 E 1500 N	TERRETON ID	USA 83450
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>		JANET WOOD	1014 E 1500 N	TERRETON ID	USA 83450
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
<b>5. Organized Under the Laws of:</b>  IDAHO W 38252		<b>6. Signature:</b>  <b>Name (type or print):</b> LYNN WOOD		<b>Date:</b> 4/6/13 <b>Title:</b> MANAGER	
Issued 04/02/2013 by JL1					

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**