REINSTATEMENT

No. W 4315	Annual Report Form ADMIN DISSOLVED 10/10/2006	2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE	Mailing Address - Correct in this box, if applicable	TROY OLSON HC 62 BOX 2295
450 N 4th STREET PO BOX 83720	CIRCLE PI, L.L.C.	MAY, ID 83753
BOISE, ID 83720-0080 FEE DUE \$30.00	HC 62 BOX 2295 MAY, ID 83253	3. <u>New</u> registered agent signature
Limited Liability Companies: Ente	Business Addresses of President, Secretary and Directors r Names and Addresses of management. nerships: Enter names and addresses of at least two (2) partners. Street or P.O. Address 17461 HIGH St LosG	CHY SAME ZID 2405 2 ATO DAYOS 2 ATO DAYOS 2
		OF STA
5. Organized under the laws of:	6. Signature Ben H Gates	Date 8/3/07
IDAHO W 4315	Name (Typed or REN N. WATES	Title Management
Issued 07/30/2007 by N	B	member