

No. W 51678	Reinstatement Annual Report Form ADMIN DISSOLVED 09/05/2007		2. Registered Agent and Office (NOT A P.O. BOX) SYLVIA HAMPEL 6190 S SETTLEMENT WAY BOISE ID 83716															
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. TOUCAN DEVELOPMENT L.L.C. SYLVIA HAMPEL 6190 S SETTLEMENT WAY BOISE ID 83716		3. New Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</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>OWNER</td> <td>Sylvia Hampel</td> <td>6190 S Settlement way</td> <td>Boise</td> <td>ID</td> <td>Adg</td> <td>83716</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	OWNER	Sylvia Hampel	6190 S Settlement way	Boise	ID	Adg	83716
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5. Organized Under the Laws of: IDAHO W 51678		6. <table border="1"> <tr> <td>Signature:</td> <td><i>Sylvia Hampel</i></td> <td>Date:</td> <td>6/24/10</td> </tr> <tr> <td>Name (type or print):</td> <td>Sylvia Hampel</td> <td>Title:</td> <td>OWNER</td> </tr> </table>			Signature:	<i>Sylvia Hampel</i>	Date:	6/24/10	Name (type or print):	Sylvia Hampel	Title:	OWNER						
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