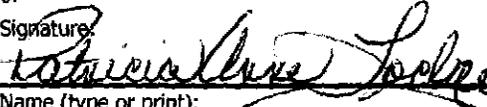
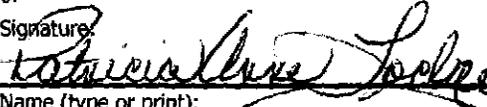
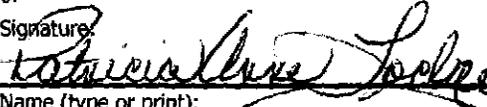


<p>No. W 6864</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 12/09/2011</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX) PATRICIA ANNE LODGE 18500 SYMMS RD CALDWELL ID 83607</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p>	<p>1. Mailing Address: Correct in this box if needed. WINDRIDGE, LLC PATRICIA ANNE LODGE 18500 SYMMS RD CALDWELL ID 83607</p>		<p>3. <u>New</u> Registered Agent Signature.</p>																																			
<p>REINSTATEMENT FEE DUE: \$30.00</p>																																						
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:25%;">Name</th> <th style="width:30%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JAMES M. NALLY</td> <td>5518 S. SUNTREE</td> <td>Boise</td> <td>Idaho</td> <td></td> <td>83706</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	JAMES M. NALLY	5518 S. SUNTREE	Boise	Idaho		83706	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	JAMES M. NALLY	5518 S. SUNTREE	Boise	Idaho		83706																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
<p>5. Organized Under the Laws of: IDAHO W 6864</p>	<p>6.</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">Signature: </td> <td style="width:30%;">Date: 10/11/14</td> </tr> <tr> <td>Name (type or print): PATRICIA ANNE LODGE</td> <td>Title: Manager</td> </tr> </table>			Signature: 	Date: 10/11/14	Name (type or print): PATRICIA ANNE LODGE	Title: Manager																															
Signature: 	Date: 10/11/14																																					
Name (type or print): PATRICIA ANNE LODGE	Title: Manager																																					
<p>Issued 11/13/2014 by online</p>																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM