

No. W 18714 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010 1. Mailing Address: Correct in this box if needed. VISION LAND MANAGEMENT, LLC 1805 W SPANISH BAY DR EAGLE ID 83616 2015 E PATHFINDER MERIDIAN ID 83646		2. Registered Agent and Office (NOT A P.O. BOX) OLIVER CLEAVER 2015 E PATHFINDER MERIDIAN ID 83646 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>MANAGING MEMBER</td> <td>OLIVER CLEAVER</td> <td>2015 E PATHFINDER</td> <td>MERIDIAN</td> <td>ID</td> <td>MDA</td> <td>83646</td> </tr> <tr> <td>"</td> <td>DEBBIE CLEAVER</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MANAGING MEMBER	OLIVER CLEAVER	2015 E PATHFINDER	MERIDIAN	ID	MDA	83646	"	DEBBIE CLEAVER	"	"	"	"	"
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"	DEBBIE CLEAVER	"	"	"	"	"																	
5. Organized Under the Laws of: IDAHO W 18714	6. Signature:  Name (type or print): OLIVER CLEAVER Date: 7/19/10 Title: MEMBER																						

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM