

REINSTATEMENT

Admin Dissolved 6/5/2008 SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Addresses Of Managers OR Members. Office Held Name Street or PO Addresses Of Managers OR Members. Office Held Name Street or PO Addresses Office Held Name	No. W 37900	Reinstatement Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)
REAL ESTATE OF SUN VALLEY, LLC RETCHUMID83340 PO BOX 1862- 3683 NO FILING FEE IF RECEIVED BY DUE DATE A. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Address City State Country Postal Code WANAGEN Noth BAYANT PO BOX 4211 KETCHUMID83340 3. New Registered Agent Signature. Noth DAYANT AND PO BOX 1862- 3683 3. New Registered Agent Signature. OHN DAYANT PO BOX 4211 KETCHUMID83340 OHN DAYANT POSTA AND REAL ESTATE OF SUN VALLEY, LLC WETCHUMID83340 AND PO BOX 1862- 3683 3. New Registered Agent Signature. OHN DAYANT PO BOX 1862- 3683 AND REAL ESTATE OF SUN VALLEY, LLC WETCHUMID83340 PO BOX 1862- 30 New Registered Agent Signature. OHN DAYANT PO BOX 1862- 30 New Registered Agent Signature. OHN DAYANT PO BOX 1862- 30 New Registered Agent Signature. New Registered Agent Signatur	Return to:	Admin Dissolved 6/5/2008	LKELLY STEVENSON
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Address City State Country Postal Code WANAGEN VOHN BAYANT PO BOX 4211 KETCHUMID83340 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Address City State Country Postal Code WANAGEN VOHN BAYANT PO BOX 4211 KETCHUM TO 873740 MEM ben PO LOW 833333 HALLEY TO 873740 WENT BEN THOM WALLED TO STAN) BENNAND Title: DATE: 7/29/08 Name (type or print): Name (type or print): Name (type or print): Name Name Stand DATE Title:	450 N 4th STREET PO BOX 83720		
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Address Oby State Country Postal Code Whanager John Burant PO Box 4211 Ketchum ID 83340 Member Paul Comman Po Box 83333 Haley ID Member Doug Bur Doe 121235 Paufic Coast Hwy Malique Canter 21235 Paufic Coast Hwy Malique Canter Center East Ha SAN BERNAN DIVID CA 92402 Name (type or print): Man W. Brrant Title: 1729/08 Title: 1729/08	BOISE, ID 83720-0000	1	3. New Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Address Oth State Country Postal Code Whanagen John Burant PO Box 4211 Ketchum ID 83340 Member Paul Coward Po Boy 83333 Haley ID 83373 Member Doug Burder % Bunder a Associates 21235 Paufic Coast Hwy Maligu EA 90625 Member Romuso Deleon 1849 Roma Exce Center East Ha SAN BERNAN SING CA 92400 Name (type or print): KHN W. Burant Indoors Title: 7/29/08	RECEIVED BY DUE	49 Emp Fork Rd	
Office Held Name Street or PO Address City State Country Postal Code MANAGEN JOHN BRYANT POBOX 4211 KETCHUM ID 83340 MEMBEN PALL COWARD PO BOX 83333 HALLY IO 833373 MENTER DOUG BURDGE 96 BUNDGE 8 ASSOCIATES 21235 PALIFIC COAST HWY MALIGUE EAST HA CENTEU EAST HA SAN BERNANDINO ON 92402 Name (type or print): KHN W. BRYAND Title: MANAGEY			
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MALIGN EA 90625 MALIGN EA 90625 MALIGN EA 90625 MALIGN EA 90625 CENTER EAST HA SAN BERNANDING CA 92400 Signature: Date: 7/29/08 Name (type or print): KHN W. BRYALD MALIGN	Member Paul Cowas Po Box 83333 HALLY ID 83333		
Signature: Date: 7/29/08 Name (type or print): KHN W. BRYALT Title: MANAGEM	MALIGN PACIFIC CONST HWY MALIGN EAST HA CENTER EAST HA		
IDAHO W 37900 Name (type or print): KHU W. BRYALT Title: MANALSH			
W 37900 Name (type or print): KHN W. BRYALD MANAGER	•		Date: 7/29/08
Issued 07/29/2008 by DK1		Name (type or print): AHN W. BKS	FALT MANAGEY

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Black 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management.Note: <u>Do not put "same as lest year" or "same as above". These will not be occupted. Changes here will not effect the address in Block 1. Be sure to include effice held for each name listed.</u>

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

** The image of this form will be available on the internet once it has been filed. DO <u>MOT</u> enter Social Security numbers.

If the Limited Liability Company is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the Limited Liability Company to terminate the legal existance. If you have any questions contact the Commercial Division at (208) 334-2301.