

## REINSTATEMENT

No. <b>W 31364</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  FEE DUE \$30.00	Annual Report Form ADMIN DISSOLVED 08/05/2007  1. Mailing Address: (Correct in this box, if applicable)  INPHI PARTNERS, LLC TIM SEMONES P O BOX 6496  KETCHUM, ID 83340	2. Registered Agent and Office NOT A P.O. BOX ROBERT KORB 128 SADDLE ROAD STE 103  KETCHUM, ID 83340  3. New registered agent signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Managing Member manager</td> <td>Tim D Semones</td> <td>PO 6496</td> <td>Ketchum</td> <td>ID</td> <td>83340</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Managing Member manager	Tim D Semones	PO 6496	Ketchum	ID	83340
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Managing Member manager	Tim D Semones	PO 6496	Ketchum	ID	83340									
5. Organized under the laws of:  IDAHO W 31364	6. Signature <u>Tim D Semones</u> Date <u>2/28/08</u> Name (Typed or Printed) <u>Tim D Semones</u> Title <u>Managing Member</u>													

 2008 FEB 28  
 SECRETARY OF  
 STATE

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** 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.

**Block 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 president, secretary, and directors (for corporations only), management (for LLCs only), or at least two (2) partners (for LPs and LLPs only. Note: Putting "same as last year" or "same as above" will not be accepted.

**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 corporation/LLC/LP/LLP. Print or type the name and title of the signor below the signature.