

REINSTATEMENT

No. W 31364	Annual Report Form ADMIN DISSOLVED 08/05/2007		2. Registered Agent and Office NOT A P.O. BOX ROBERT KORB 128 SADDLE ROAD STE 103 KETCHUM, ID 83340		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address (Correct in this box, if applicable) INPHI PARTNERS, LLC TIM SEMONES P O BOX 6496 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. Office held Name Street or P.O. Address City State Zip Managing Member Manager					
5. Organized under the laws of: IDAHO W 31364					
6. Signature <u>Tim D Semones</u> Date <u>2/28/08</u> Name (Type or Printed) <u>Tim D Semones</u> Title <u>Managing Member</u>					

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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 signer below the signature.