## REINSTATEMENT

No. C 169817	Annual Report Form		2. Registered Agent and Office NO	2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE	ADMIN DISSOLVED 02/05/2009  1. Mailing Address - Correct in this box, if applicable		CLIFF ACKERMAN 435 SHADY PINES LP PRIEST RIVER, ID 83856  3. New registered agent signature		
450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	GOSLING POINT HOMEOWNERS ASSOCIATIO CLIFF ACKERMAN 435 SHADY PINES LP PRIEST RIVER, ID 83856				
Limited Liability Companies: Ente	r Names and Addresses o nerships: Enter names and	esident, Secretary and Directors f management d addresses of at least two (2) partne et or P.O. Address	ers. <u>City State</u>	Zip	
Pres. Cliff 1	Ackerman	435 Shady Pines Loop	Priest River 10	83854	
Sec. Michae	1 Dechape	PO Box 56	Laclede, 10	83841	
Treas. James	Wuerche	1913 East Leona Drive	Spokane, WA	99208	
5. Organized under the laws of:	6.	10 Cay acher	Date _2- 23	06	
IDAHO C 169817	Name (	Typed or Cliff Acke	rman Title Pres		
Issued 2/12/2009 by SLD					