

No. W 98377	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL L OSTERHOLZ 510 CHESTNUT ST TROY ID 83871	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. UNIVERSITY CITY HOLDINGS 2, LLC PO BOX 8567 MOSCOW ID 83843		3. <u>New</u> Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Michael Osterholz	P.O. Box 8567	Moscow	ID	USA	83843
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; padding: 10px;"> IDAHO W 98377 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <u><i>Michael Osterholz</i></u> </td> <td style="width: 30%;"> Date: <u>04/10/12</u> </td> </tr> <tr> <td> Name (type or print): <u>Michael Osterholz</u> </td> <td> Title: <u>Manager</u> <u>04/10/12</u> </td> </tr> </table>	Signature: <u><i>Michael Osterholz</i></u>	Date: <u>04/10/12</u>	Name (type or print): <u>Michael Osterholz</u>	Title: <u>Manager</u> <u>04/10/12</u>
Signature: <u><i>Michael Osterholz</i></u>	Date: <u>04/10/12</u>				
Name (type or print): <u>Michael Osterholz</u>	Title: <u>Manager</u> <u>04/10/12</u>				

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