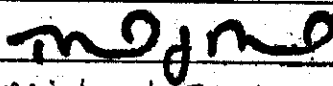
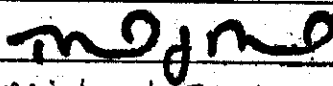
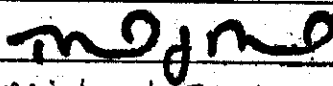


REINSTATEMENT FILED EFFECTIVE

No. W 44467	Annual Report Form ADMIN DISSOLVED 02/08/2007	2. Registered Agent and Office NOT A P.O. BOX MICHAEL MILLWARD 1801 N ARTHUR ST. C 2749 Hawkweed St. POCATELLO, ID 83204												
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 FIELDSTONE HEIGHTS, LLC MICHAEL MILLWARD 1801 N ARTHUR ST. C 2749 Hawkweed St. POCATELLO, ID 83204	3. New registered agent signature AUG 2 AM 9:11 STATE OF IDAHO												
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>Manager</td><td>Michael J Millward</td><td>1283 N. Bonneville Rd</td><td>Idaho</td><td>ID</td><td>83445</td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Michael J Millward	1283 N. Bonneville Rd	Idaho	ID	83445
Office held	Name	Street or P.O. Address	City	State	Zip									
Manager	Michael J Millward	1283 N. Bonneville Rd	Idaho	ID	83445									
5. Organized under the laws of: IDAHO W 44467	6. <table border="0"><tr><td>Signature</td><td></td><td>Date</td><td>8/23/07</td></tr><tr><td>Name (Typed or Printed)</td><td>Michael J Millward</td><td>Title</td><td>Manager</td></tr></table>		Signature		Date	8/23/07	Name (Typed or Printed)	Michael J Millward	Title	Manager				
Signature		Date	8/23/07											
Name (Typed or Printed)	Michael J Millward	Title	Manager											

Issued 08/23/2007 by LJM