

REINSTATEMENT

No. W 6790	Annual Report Form ADMIN DISSOLVED 11/09/2001		2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1 Mailing Address - Correct in this box, if applicable RAFTER M.L.L.C. ALBERT J MILLER 2519 E 500 N ST ANTHONY, ID 83445		ALBERT J MILLER 2519 E 500 N ST ANTHONY, ID 83445 3. <u>New</u> registered agent signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)															
<table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Owner/mngnr.</td> <td>Albert J. Miller</td> <td>2519 E 500 N</td> <td>St. Anthony,</td> <td>ID</td> <td>83445</td> </tr> </tbody> </table> <div style="display: flex; justify-content: space-between;"> <div data-bbox="67 819 574 952"> 5. Organized under the laws of: IDAHO W 6790 </div> <div data-bbox="574 819 1584 952"> 6. Signature <u><i>Albert J. Miller</i></u> Date <u>2/1/02</u> Name (Typed or Printed) <u>1-1-02</u> Title _____ </div> </div>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Owner/mngnr.	Albert J. Miller	2519 E 500 N	St. Anthony,	ID	83445
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