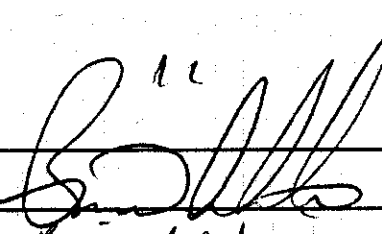
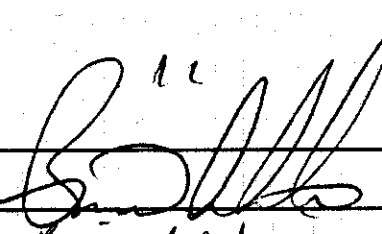


REINSTATEMENT

No. C 166213 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	Annual Report Form ADMIN DISSOLVED 07/06/2007 1. Mailing Address - Correct in this box, if applicable SOUTHPARK HOMEOWNERS ASSOCIATION, I BRIAN K WILSON 2879 S FRY 6171 E. Cutting Horse Dr. BOISE, ID 83709 Kuna ID 83634	2. Registered Agent and Office NOT A P.O. BOX BRIAN K WILSON 2879 S FRY BOISE, ID 83709 3. New registered agent signature  Brian K. Wilson																				
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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Office held</th> <th style="width: 35%; text-align: left;">Name</th> <th style="width: 35%; text-align: left;">Street or P.O. Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Brian K. Wilson</td> <td>6171 E. Cutting Horse Dr.</td> <td>Kuna</td> <td>83634</td> </tr> <tr> <td>VP</td> <td>Kristin L. Wilson</td> <td>LL</td> <td></td> <td></td> </tr> <tr> <td>S/T</td> <td>Brian K. Wilson</td> <td>LL</td> <td></td> <td></td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	Zip	Pres	Brian K. Wilson	6171 E. Cutting Horse Dr.	Kuna	83634	VP	Kristin L. Wilson	LL			S/T	Brian K. Wilson	LL		
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5. Organized under the laws of: IDAHO C 166213	6. Signature  Date <u>7-10-07</u> Name (Typed or Printed) <u>Brian Wilson</u> Title <u>Pres</u>																					

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 SECRETARY OF STATE
 STATE OF IDAHO