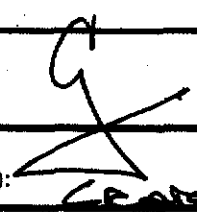
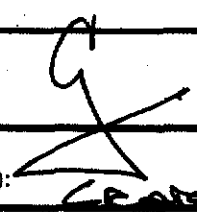
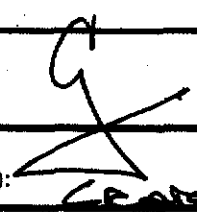


**FILED EFFECTIVE**

No. <b>W 52173</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2009</b>		<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> CRAIG HILL 4777 WEST LAKESHORE RD PRIEST LAKE ID 83856														
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  AMISTAD, LLC CRAIG HILL 4777 WEST LAKESHORE RD PRIEST LAKE ID 83856		<b>3. New Registered Agent Signature.</b>														
	<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b> <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td></td><td>member</td><td>Craig Hill</td><td>4777 West Lakeshore Rd</td><td></td><td>Priest Lake</td><td>83856</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code		member	Craig Hill	4777 West Lakeshore Rd		Priest Lake
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
	member	Craig Hill	4777 West Lakeshore Rd		Priest Lake	83856											
<b>5. Organized Under the Laws of:</b>  IDAHO W 52173	<b>6.</b> <table border="1"><tr><td><b>Signature:</b></td><td></td><td><b>Date:</b></td><td>1-10-10</td></tr><tr><td><b>Name (type or print):</b></td><td>Craig Hill</td><td><b>Title:</b></td><td></td></tr></table>				<b>Signature:</b>		<b>Date:</b>	1-10-10	<b>Name (type or print):</b>	Craig Hill	<b>Title:</b>						
<b>Signature:</b>		<b>Date:</b>	1-10-10														
<b>Name (type or print):</b>	Craig Hill	<b>Title:</b>															
Issued 01/06/2010 by LJM																	