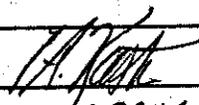


REINSTATEMENT FILED EFFECTIVE

No. W 57349 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	Annual Report Form ADMIN DISSOLVED 03/07/2008 1. Mailing Address - Correct in this box, if applicable DEVELOPMENT CONSULTING, LLC PO BOX 2639 SANDPOINT, ID 83864	2. Registered Agent and Office NOT A P.O. BOX CRAIG A KOESTER 794 LAKESHORE DR SAGLE, ID 83860 3. New registered agent signature												
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: none;"> <thead> <tr> <th style="text-align: left; border: none;">Office held</th> <th style="text-align: left; border: none;">Name</th> <th style="text-align: left; border: none;">Street or P.O. Address</th> <th style="text-align: left; border: none;">City</th> <th style="text-align: left; border: none;">State</th> <th style="text-align: left; border: none;">Zip</th> </tr> </thead> <tbody> <tr> <td style="border: none;">MANAGING MEMBER</td> <td style="border: none;">CRAIG A. KOESTER</td> <td style="border: none;">PO BOX 2639</td> <td style="border: none;">SANDPOINT</td> <td style="border: none;">ID</td> <td style="border: none;">83864</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	MANAGING MEMBER	CRAIG A. KOESTER	PO BOX 2639	SANDPOINT	ID	83864
Office held	Name	Street or P.O. Address	City	State	Zip									
MANAGING MEMBER	CRAIG A. KOESTER	PO BOX 2639	SANDPOINT	ID	83864									
5. Organized under the laws of: IDAHO W 57349	6. Signature  Date <u>4/14/08</u> Name (Typed or Printed) <u>CRAIG A. KOESTER</u> Title <u>MANAGING MEMBER</u>													

Issued 4/4/2008 by KAH