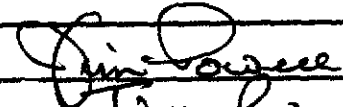


# FILED EFFECTIVE REINSTATEMENT

| <b>No.</b> W 67008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>Annual Report Form</b><br>ADMIN DISSOLVED 12/05/2008                                                                                                                                         | <b>2. Registered Agent and Office NOT A P.O. BOX</b>                                                                                                                                                                                                      |             |       |                        |      |       |     |         |            |                |         |     |       |         |            |                |         |     |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------|------------------------|------|-------|-----|---------|------------|----------------|---------|-----|-------|---------|------------|----------------|---------|-----|-------|
| <b>Return to:</b><br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>FEE DUE \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1. Mailing Address - Correct in this box, if applicable</b><br><br>1511 4TH STREET SOUTH, LLC<br>1035 E IRON EAGLE DR STE 105<br>EAGLE, ID 83616<br><br>12342 S. Essex.<br>Nam Pq. Id. 83686 | MARK E WRIGHT<br>1035 E IRON EAGLE DR STE 105<br>EAGLE, ID 83616<br>Jim Powell<br>12342 S. Essex Nam Pq. Id. 83686<br><br><b>3. New registered agent signature</b><br> |             |       |                        |      |       |     |         |            |                |         |     |       |         |            |                |         |     |       |
| <b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors</b><br><b>Limited Liability Companies: Enter Names and Addresses of management.</b><br><b>Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners.</b> <table border="1"> <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>Jim Powell</td> <td>12342 S. Essex</td> <td>Nam Pq.</td> <td>Id.</td> <td>83686</td> </tr> <tr> <td>Manager</td> <td>Joy Powell</td> <td>12342 S. Essex</td> <td>Nam Pq.</td> <td>Id.</td> <td>83686</td> </tr> </tbody> </table> |                                                                                                                                                                                                 |                                                                                                                                                                                                                                                           | Office held | Name  | Street or P.O. Address | City | State | Zip | Manager | Jim Powell | 12342 S. Essex | Nam Pq. | Id. | 83686 | Manager | Joy Powell | 12342 S. Essex | Nam Pq. | Id. | 83686 |
| Office held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name                                                                                                                                                                                            | Street or P.O. Address                                                                                                                                                                                                                                    | City        | State | Zip                    |      |       |     |         |            |                |         |     |       |         |            |                |         |     |       |
| Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Jim Powell                                                                                                                                                                                      | 12342 S. Essex                                                                                                                                                                                                                                            | Nam Pq.     | Id.   | 83686                  |      |       |     |         |            |                |         |     |       |         |            |                |         |     |       |
| Manager                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Joy Powell                                                                                                                                                                                      | 12342 S. Essex                                                                                                                                                                                                                                            | Nam Pq.     | Id.   | 83686                  |      |       |     |         |            |                |         |     |       |         |            |                |         |     |       |
| <b>5. Organized under the laws of:</b><br><br>IDAHO<br>W 67008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>6.</b><br>Signature  Date 12/18/08<br>Name (Typed or Printed) Jim Powell Title Manager                      |                                                                                                                                                                                                                                                           |             |       |                        |      |       |     |         |            |                |         |     |       |         |            |                |         |     |       |

Issued 12/18/2008 by NLB