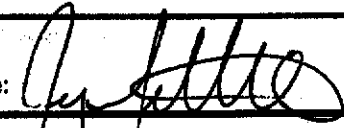


No. W 32144	Reinstatement Annual Report Form ADMIN DISSOLVED 10/06/2009		2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		AMANDA GILBREATH 4887 E ROYAL DR POST FALLS ID 83854	
	CARBON CREEK, LLC JERAMEY WADE GILBREATH 4887 E ROYAL DR POST FALLS ID 83854		3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
OWNER/ MGR/MBR	JERAMEY GILBREATH	4887 E ROYAL	Post Falls ID	US 83854
5. Organized Under the Laws of: 6.				
IDAHO W 32144		Signature: 	Date: 3/23/10	
		Name (type or print): JERAMEY GILBREATH	Title: MGR/MBR OWNER	
Issued 10/13/2009 by LJM				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.