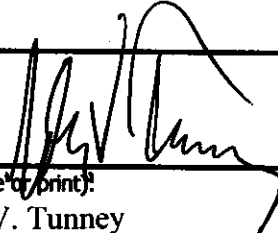


ORIGINAL IN RED

No. W 77877	Reinstatement Annual Report Form		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. DREAMWORK PARTNERS, LLC 800 5TH AVE APT 28E NEW YORK NY 10065 P.O. Box 460 Hailey, ID 83333		TERRY G HOGUE 419 S MAIN ST HAILEY ID 83333 3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	John V. Tunney	P.O. Box 3149	Sun Valley Idaho 83353
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: IDAHO W 77877	6. Signature:  Name (type or print): John V. Tunney Date: <u>Feb. 17, 2014</u> Title: <u>Member</u>		
Issued 02/07/2014 by online			