REINSTATEMENT

No. W 60909

Annual Report Form
ADMIN DISSOLVED 06/05/2006

Return to:
SECRETARY OF STATE
450 N 4th STREET
PO BOX 83720
BOISE, ID 83720-0080

FEE DUE $30.00

1. Mailing Address - Correct in the box if wrong or blank

LEAVITT-WOLFF ONE FRONT MANAGER, LL
~~8280 E HARTFORD DR #101~~
~~SCOTTSDALE, AZ 85255~~
202 Lake Washington Blvd.
Seattle WA 98122

2. Registered Agent and Office NOT A P.O. BOX

LUKINS & ANNIS PS
250 NW BLVD STE 102
COEUR D'ALENE, ID 83814

ATTN: Brady M. Peterson

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.

Office held	Name	Street or P.O. Address	City	State	Zip
Manager	Goodleavitt One Front, LLC	202 Lake Washington Blvd.	Seattle	WA	98112-6540

5. Organized under the laws of:
IDAHO
W 60909

6. Goodleavitt One Front, LLC
Signature By: [signature] Date 6/18/09
Name (Type or Print) Thomas E. Leavitt Title Member

Issued 4/22/2009 by LJM

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct mailing 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.