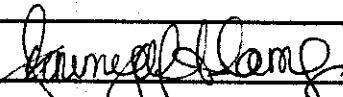


REINSTATEMENT

FILED EFFECTIVE

No. W 36802	Annual Report Form ADMIN DISSOLVED 05/05/2006		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 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable PROVISIONS OF GRACE, LLC 919 13TH AVE S 113 14th Ave South NAMPA, ID 83651		TAMMY M ADAMS 919 13TH AVE S 113 14th Ave S. NAMPA, ID 83651 3. New registered agent signature													
<p>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.</p> <table border="0"> <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>Tammy Adams</td> <td>113 14th Ave. S.</td> <td>Nampa</td> <td>ID</td> <td>83651</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Tammy Adams	113 14th Ave. S.	Nampa	ID	83651
Office held	Name	Street or P.O. Address	City	State	Zip											
Manager	Tammy Adams	113 14th Ave. S.	Nampa	ID	83651											
5. Organized under the laws of: IDAHO W 36802		6. Signature  Name (Typed or Printed) <u>Tammy M Adams</u> Date <u>7/25/2008</u> Title <u>Manager</u>														

Issued 7/25/2008 by DK1