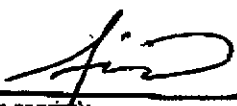


No. W 62621	Reinstatement Annual Report Form ADMIN DISSOLVED 08/10/2011		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. VISION CONSTRUCTION AND REAL ESTATE LLC 4581 MADISON RIVER RD IDAHO FALLS ID 83401 <i>1184 OAKMEADOW AMMON ID 83406</i>		AARON M O'CONNOR 122 CLUBHOUSE CIR APT 201 IDAHO FALLS ID 83401 <i>1184 OAKMEADOW</i> <i>AMMON ID 83406</i>																																			
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☐ Member ☒</td> <td>Aaron O'Connor</td> <td>1184 Oakmeadow</td> <td>Ammon</td> <td>ID</td> <td>Bonn</td> <td>83406</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☐ Member ☒	Aaron O'Connor	1184 Oakmeadow	Ammon	ID	Bonn	83406	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 62621		6. Signature:  Date: <u>6/27/12</u> Name (type or print): <u>Aaron O'Connor</u> Title: <u>member</u>																																				

Issued 06/27/2012 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM