

REINSTATEMENT

No. W 39648	Annual Report Form ADMIN DISSOLVED 08/06/2007		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	Having 4 or less offices in this box, if applicable: PATRIOT HOMES ID LLC MICHAEL DENKE PO BOX 220 POST FALLS, ID 83877		MICHAEL DENKE 827 W PRAIRIE AVE POST FALLS, ID 83854 360 Meadowhurst St. Maries ID 83861													
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. <table border="1"> <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>Pres.</td> <td>Michael Denke</td> <td>P.O. Box 220</td> <td>Post Falls</td> <td>ID</td> <td>83877</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	CITY	State	Zip	Pres.	Michael Denke	P.O. Box 220	Post Falls	ID	83877
Office held	Name	Street or P.O. Address	CITY	State	Zip											
Pres.	Michael Denke	P.O. Box 220	Post Falls	ID	83877											
5. Organized under the laws of: IDAHO W 39648		B. Signature <u><i>md</i></u> Date <u>8/28/08</u> Name (Typed or Printed) <u>Michael Denke</u> Title <u>President</u>														

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