

REINSTATEMENT

No. W 14167	Annual Report Form ADMIN DISSOLVED 04/07/2004		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 ELMORE ESTATES, LLC <i>C/O LaFonda Merrick</i> 1100 GARRITY BLVD <i>100 McClure Ave</i> <i>Suite C</i> NAMPA, ID 83687 <i>Nampa, Id 83651</i>		<i>1100 GARRITY BLVD</i> <i>100 McClure Ave Suite C</i> <i>NAMPA, ID 83687</i> <i>83651</i> 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. <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>Member</td> <td><i>LaFonda Merrick</i></td> <td><i>100 McClure Ave. Suite C</i></td> <td><i>Nampa</i></td> <td><i>ID</i></td> <td><i>83651</i></td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Member	<i>LaFonda Merrick</i>	<i>100 McClure Ave. Suite C</i>	<i>Nampa</i>	<i>ID</i>	<i>83651</i>
Office held	Name	Street or P.O. Address	City	State	Zip										
Member	<i>LaFonda Merrick</i>	<i>100 McClure Ave. Suite C</i>	<i>Nampa</i>	<i>ID</i>	<i>83651</i>										
5. Organized under the laws of: IDAHO W 14167	6. <i>LaFonda Merrick</i> Signature _____ Date <i>10/20/07</i> Name (Typed or Printed) <i>LaFonda Merrick</i> Title <i>MANAGER</i>														

Issued 09/18/2007 by PEH

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 SECRETARY OF STATE
 IDAHO