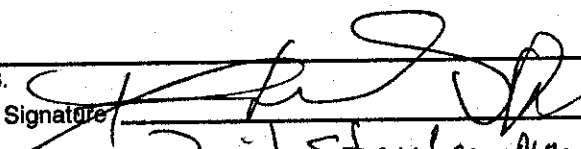


FILED EFFECTIVE

REINSTATEMENT

No. C 138379	Annual Report Form ADMIN DISSOLVED 06/12/2006	2. Registered Agent and Office NOT A P.O. BOX DAVID STANLEY												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable DR. DAVE'S HORSE HAVEN, INC. 474 W Riverton Rd BLACKFOOT, ID 83221	384 N 555 W 474 W Riverton Rd BLACKFOOT, ID 83221 3. <u>New</u> 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>President</td><td>David Stanley</td><td>474 W Riverton Rd</td><td>Blackfoot</td><td>ID</td><td>83221</td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Zip	President	David Stanley	474 W Riverton Rd	Blackfoot	ID	83221
Office held	Name	Street or P.O. Address	City	State	Zip									
President	David Stanley	474 W Riverton Rd	Blackfoot	ID	83221									
5. Organized under the laws of: IDAHO C 138379	6.  Signature _____ Name (Typed or Printed) David Stanley, Inc Date 5/11/07 Title President													

Issued 05/07/2007 by CLH