2. Registered Agent and Office (NOT A P.O. No. W 88203 Reinstatement Annual Report Form BOX) ADMIN DISSOLVED 02/08/2011 BRUCE G POWEN CHOCKET Return to: 491 EAST 300 SOUTH 1407 RUBERIN SECRETARY OF STATE 1. Mailing Address: Correct in this box if needed. BURLEY ID 83318 450 N 4th STREET PO BOX 83720 PRIELLASPRINGS LLC TWIN FALLS FO 8330, BOISE, ID 83720-0080 491 EAST 300 COUTH P.D. BOX 996 3. New Registered Agent Signature. **BURLEY ID 83318** Clara Price REINSTATEMENT FEE DUE: \$30.00 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Street or PO Address Manager or Member Name City State **Country Postal Code** 1407 RIVERRIDGE ST. TWIN FALLS ID CLAIREPR 83301 83318 491 BAST 300 SOUTH BUKLEY ZΔ BRUCE G. 83301 105 LINCOLN STREET TWIN FALLS IS 83318 IΔ 138 SOUTH 650 EAST KEITH CROCKETT 80542 GREGURIDGE CONSULTING LLC 3670 SETTLER RIDGE DRIVE MEAD CO. 5. Organized Under the Laws of: Signature: IDAHO W 88203 Name (type or print): Issued 02/22/2011 by SLD

FILED EFFECTIVE

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.