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|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| No. <b>W 14040</b>                                                                                                                                      | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 04/10/2007</b>                                                                     |                                                                                                                          | 2. Registered Agent and Office (NOT A P.O. BOX)<br><b>THOMAS J ARAVE<br/>1395 NW MAIN ST<br/>BLACKFOOT ID 83221</b> |                                                   |
| Return to:<br><b>SECRETARY OF STATE<br/>450 N 4th STREET<br/>PO BOX 83720<br/>BOISE, ID 83720-0080</b><br><br><b>REINSTATEMENT<br/>FEE DUE: \$30.00</b> | 1. Mailing Address: Correct in this box if needed.<br><br><b>SAPPHIRE ENTERPRISES, LLC<br/><br/>1395 NW MAIN ST<br/>BLACKFOOT ID 83221</b> |                                                                                                                          |                                                                                                                     |                                                   |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.                                                     |                                                                                                                                            |                                                                                                                          | 3. New Registered Agent Signature.                                                                                  |                                                   |
| Manager or Member<br>Manager Member (circle one)                                                                                                        | Name <u><del>Gordon Arave</del></u>                                                                                                        | Street or PO Address                                                                                                     |                                                                                                                     | City <u>Blackfoot</u> / State <u>ID</u> / Country |
| Manager                                                                                                                                                 | Gordon Arave                                                                                                                               | <u>1396 NW Main St.</u>                                                                                                  | Blackfoot, ID USA 83221                                                                                             |                                                   |
| 5. Organized Under the Laws of: <b>IDAHO<br/>W 14040</b>                                                                                                |                                                                                                                                            | 6. Signature: <u>Gordon Arave</u> Date: <u>3/7/11</u><br>Name (type or print): <u>Gordon Arave</u> Title: <u>Manager</u> |                                                                                                                     |                                                   |