FILED EFFECTIVE

REINSTATEMENT

| No. W 44540 | Annual Report Form ADMIN DISSOLVED 02/08/2007 | 2. Registered Agent and Office NOT A P.O. BOX GARY MILLER |
|--|---|--|
| Return to: SECRETARY OF STATE | 1 Mailing Address - Correct in this box, if applicable | 319 ORCHARD DR |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | MAGIC MOUNTAIN RESORT LEASE, LLC PO BOX 1241 1332 Julie Lawe | TWIN FALLS, ID 83301 |
| FEE DUE \$30.00 | TWIN FALLS, ID 83303 | 3. <u>New</u> registered agent signature |
| Limited Liability Companies: Enter | Business Addresses of President, Secretary and Directors r Names and Addresses of management. nerships: Enter names and addresses of at least two (2) partn Street or P.O. Address Miller 319 ORCHARD Dr. Miller 1332 Julie Lave | ers. City State Zip Twin Faus, ID 83301 Twin Faus, ID 283301 |
| and the second s | | FORTARY OF STATE OF S |
| 5. Organized under the laws of: IDAHO W 44540 | Signature J. Luy VI. Name (Typed or K. TERRY M.) | Date 2-26-07 Ler Title member/owner |
| Issued 02/21/2007 by SLD |) · · | |