

FILED EFFECTIVE

No. W 18432	Reinstatement Annual Report Form ADMIN DISSOLVED 06/04/2009		2. Registered Agent and Office (NOT A P.O. BOX) JON L JOHNSON 5345 W HEYREND CIRCLE IDAHO FALLS ID 83402														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. VEJON VENTURES, LLC PO BOX 51920 IDAHO FALLS ID 83405		3. New Registered Agent Signature.														
	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>MGR</td><td>JON JOHNSON</td><td>1053 1300 N</td><td>Shelley</td><td>ID</td><td>US</td><td>83274</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MGR	JON JOHNSON	1053 1300 N	Shelley	ID	US
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
MGR	JON JOHNSON	1053 1300 N	Shelley	ID	US	83274											
5. Organized Under the Laws of: IDAHO W 18432	6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>6/19/09</td></tr><tr><td>Name (type or print):</td><td>Jon L Johnson</td><td>Title:</td><td>MGR</td></tr></table>				Signature:		Date:	6/19/09	Name (type or print):	Jon L Johnson	Title:	MGR					
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Issued 06/15/2009 by KAH