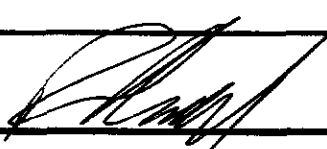


No. W 4584	Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) RON ARNOLD 147 N 2ND E #1 REXBURG ID 83440 21 N. PINE AVE SUGAR CITY, ID 83448	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CLOUD NINE, L.L.C. 147 N 2ND E #1 REXBURG ID 83440 21 N. PINE AVE SUGAR CITY, ID 83448		3. <u>New</u> Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager Member (circle one)						
MANAGER	MEMBER RON ARNOLD	21 N. PINE AVE	SUGAR CITY	ID	USA	83448
MEMBER	PAULA ARNOLD	21 N. PINE AVE	SUGAR CITY	ID	USA	83448

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 4584</div>	6. <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div> Signature:  <hr/> Name (type or print): RON ARNOLD </div> <div> Date: 12-29-11 <hr/> Title: MANAGER </div> </div>
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Issued 12/15/2011 by SLD