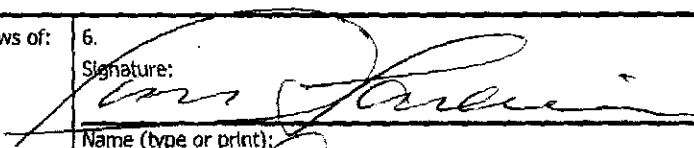
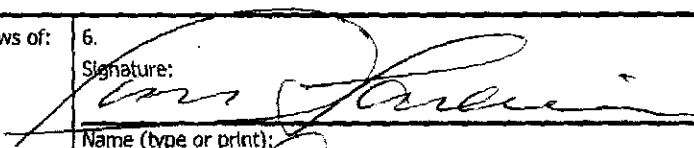
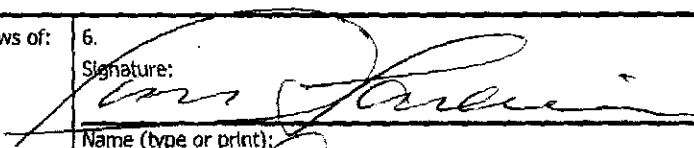


No. W 5986	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) TIMOTHY GARDINER 26 DEER CREEK RD HAILEY ID 83333				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SHARPTAIL SUMMERFIELD, LLC TIMOTHY GARDINER PO BOX 187 SUN VALLEY ID 83353		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 <input type="checkbox"/> Member <input checked="" type="checkbox"/> Tim Gardiner PO Box 187 Sun valley ID USA 83353							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 5986 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"> Signature:  </td> <td style="width: 40%; border-bottom: 1px solid black;"> Date: 8-14-10 </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Name (type or print): Tim GARDINER </td> <td style="border-bottom: 1px solid black;"> Title: member </td> </tr> </table>		Signature: 	Date: 8-14-10	Name (type or print): Tim GARDINER	Title: member
Signature: 	Date: 8-14-10						
Name (type or print): Tim GARDINER	Title: member						