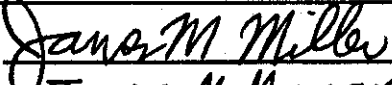


# REINSTATEMENT

No. <b>L 3300</b>	<b>Annual Report Form</b> ADMIN TERMINATED 03/09/2007	2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable  JAMES M. MILLER FAMILY LIMITED PART JAMES M MILLER <del>PO BOX 394</del> 4472N 2100E TWIN FALLS, ID <del>83303</del> FILER ID 83328	JAMES M MILLER 155 2ND AVE N TWIN FALLS, ID 83301 4472 N 2100E FILER ID 83328  3. New registered agent signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>PARTNER</td><td>JAMES M. MILLER</td><td>4472N 2100 E</td><td>FILER</td><td>ID</td><td>83328</td></tr><tr><td>PARTNER</td><td>PAUL R. MILLER</td><td>4472N 2100 E</td><td>FILER</td><td>ID</td><td>83328</td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Zip	PARTNER	JAMES M. MILLER	4472N 2100 E	FILER	ID	83328	PARTNER	PAUL R. MILLER	4472N 2100 E	FILER	ID	83328
Office held	Name	Street or P.O. Address	City	State	Zip															
PARTNER	JAMES M. MILLER	4472N 2100 E	FILER	ID	83328															
PARTNER	PAUL R. MILLER	4472N 2100 E	FILER	ID	83328															
5. Organized under the laws of:  IDAHO L 3300	6. Signature  Date 8/4/08 Name (Typed or Printed) JAMES M MILLER Title PARTNER																			

Issued 7/15/2008 by SL1