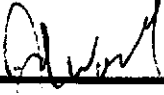


No. W 61867	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) JOHN WOOD 3390 FLINT DR EAGLE ID 83616															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CHINDEN BLVD LLC JOHN WOOD 3390 FLINT DR EAGLE ID 83616																	
	3. <u>New</u> 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></td><td>member John Wood</td><td>3390 Flint Dr</td><td>Eagle</td><td>Id</td><td>USA</td><td>83616</td></tr></tbody></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code		member John Wood	3390 Flint Dr	Eagle	Id	USA	83616
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
	member John Wood	3390 Flint Dr	Eagle	Id	USA	83616												
5. Organized Under the Laws of: IDAHO W 61867		6. Signature:  Name (type or print): <u>John Wood</u>			Date: <u>8/27/10</u> Title: <u>member</u>													
Issued 08/27/2010 by CLH																		