

FILED EFFECTIVE

No. W 18934	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2008		2. Registered Agent and Office (NOT A P.O. BOX) K MICHAEL BIRD 609 W MAPLE POCATELLO ID 83201														
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. EASTPOINTE DEVELOPMENT, LLC. PO BOX 83720 <i>609 W Maple</i> POCATELLO ID 83201 <i>83201</i>		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></td><td><i>Manager</i></td><td><i>K. Michael Bird</i></td><td><i>609 W Maple</i></td><td><i>Pocatello</i></td><td><i>ID</i></td><td><i>83201</i></td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code		<i>Manager</i>	<i>K. Michael Bird</i>	<i>609 W Maple</i>	<i>Pocatello</i>	<i>ID</i>
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
	<i>Manager</i>	<i>K. Michael Bird</i>	<i>609 W Maple</i>	<i>Pocatello</i>	<i>ID</i>	<i>83201</i>											
5. Organized Under the Laws of: IDAHO W 18934	6. <table border="1"><tr><td>Signature: <i>K. Michael Bird</i></td><td colspan="2">Date: <i>11/17/09</i></td></tr><tr><td>Name (type or print): <i>K. Michael Bird</i></td><td colspan="2" rowspan="2">Title: <i>Manager</i></td></tr></table>			Signature: <i>K. Michael Bird</i>	Date: <i>11/17/09</i>		Name (type or print): <i>K. Michael Bird</i>	Title: <i>Manager</i>									
Signature: <i>K. Michael Bird</i>	Date: <i>11/17/09</i>																
Name (type or print): <i>K. Michael Bird</i>	Title: <i>Manager</i>																
Issued 11/16/2009 by SL1																	