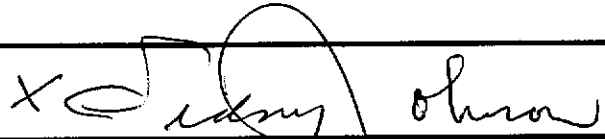


FILED EFFECTIVE

No. W 19695	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2005		2. Registered Agent and Office (NOT A P.O. BOX) SIDNEY E JOHNSON 3176 N YELLOW PEAK WY MERIDIAN ID 83642 4988 MILL CREEK RD AMMON, ID 83406															
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. SAINT JAMES L.L.C. 4988 MILL CREEK RD 3176 N YELLOW PEAK WY MERIDIAN ID 83642 AMMON, ID 83406		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>MANAGING MEMBER</td> <td>SIDNEY E JOHNSON</td> <td>4988 MILL CREEK RD</td> <td>AMMON</td> <td>ID</td> <td></td> <td>83406</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MANAGING MEMBER	SIDNEY E JOHNSON	4988 MILL CREEK RD	AMMON	ID		83406
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
MANAGING MEMBER	SIDNEY E JOHNSON	4988 MILL CREEK RD	AMMON	ID		83406												
5. Organized Under the Laws of: IDAHO W 19695		6. Signature:  Date: 7/21/10 SIDNEY E JOHNSON Name (type or print): MANAGER Title:																
Issued 07/27/2010 by DK1																		