FILED EFFECTIVE

No. W 19695	Reinstatement Annual Report Form ADMIN DISSOLVED 09/08/2005	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	**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	SIDNEY E JOHNSON ~~3176 N YELLOW PEAK WY~~ ~~MERIDIAN ID 83642~~ 4988 MILL CREEK RD AMMON, ID 83406 3. New Registered Agent Signature.
REINSTATEMENT **FEE DUE:** $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

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:	6.
IDAHO W 19695	Signature: X Sidney Johnson Date: 7/27/10 SIDNEY E JOHNSON Name (type or print): MANAGER Title:

Issued 07/27/2010 by DK1