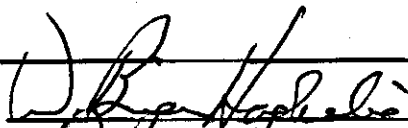
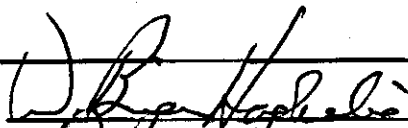
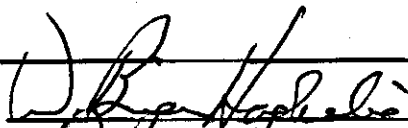


REINSTATEMENT

FILED EFFECTIVE

No. W 5548	Annual Report Form ADMIN DISSOLVED 05/08/2008		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		CORINNE TEIGEN 679 TROY IDAHO FALLS, ID 83402																			
	RIVERVIEW RESIDENTIAL, LLC CORINNE TEIGEN 679 TROY IDAHO FALLS, ID 83402		3. <u>New</u> 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>MEMBER</td><td>CORINNE TEIGEN</td><td>679 TROY</td><td>IDAHO FALLS</td><td>ID</td><td>83402</td></tr><tr><td>MEMBER</td><td>OLGA GALANZA</td><td>679 TROY</td><td>IDAHO FALLS</td><td>ID</td><td>83402</td></tr></tbody></table>					Office held	Name	Street or P.O. Address	City	State	Zip	MEMBER	CORINNE TEIGEN	679 TROY	IDAHO FALLS	ID	83402	MEMBER	OLGA GALANZA	679 TROY	IDAHO FALLS	ID	83402
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5. Organized under the laws of: IDAHO W 5548		6. <table border="1"><tr><td>Signature</td><td></td><td>Date</td><td>10/17/08</td></tr><tr><td>Name (Typed or Printed)</td><td>BRIAN HAVELIE</td><td>Title</td><td>CPS</td></tr></table>			Signature		Date	10/17/08	Name (Typed or Printed)	BRIAN HAVELIE	Title	CPS										
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Issued 10/10/2008 by SL1