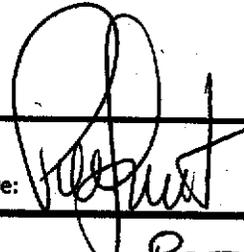


FILED EFFECTIVE

<p>No. W 48875</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 06/04/2009</p> <p>1. Mailing Address: Correct in this box if needed.</p> <p>TULLAMORE HOMES LLC 4510 MOSSBERG CIR 5539 MARINA CT. POST FALLS ID 83854</p>	<p>2. Registered Agent and Office (NOT A P.O. BOX) PETER M FAUST 4510 MOSSBERG CIR POST FALLS ID 83854 5539 E MARINA CT POST FALLS ID 83854</p> <p>3. New Registered Agent Signature.</p>														
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</p> <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>OWNER mgr.</td> <td>PETER M. FAUST</td> <td>5539 MARINA CT.</td> <td>POST FALLS</td> <td>ID</td> <td></td> <td>83854</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	OWNER mgr.	PETER M. FAUST	5539 MARINA CT.	POST FALLS	ID		83854
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<p>5. Organized Under the Laws of:</p> <p>IDAHO W 48875</p>	<p>6.</p> <p>Signature: </p> <p>Name (type or print): PETER M. FAUST</p>															
<p>Issued 05/14/2010 by SL1</p>																

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the