

FILED EFFECTIVE

REINSTATEMENT

No. W 14701	Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	ADMIN DISSOLVED 06/05/2003 1. Mailing Address - Correct in this box, if applicable LEVISON PROPERTIES I, LLC PO BOX 6462 KETCHUM, ID 83340	KATHIE A LEVISON 334 WALL ST KETCHUM, ID 83340 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 <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <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>MANAGER</td><td>KATHIE LEVISON</td><td>P.O. BOX 6462</td><td>Ketchum</td><td>ID</td><td>83340</td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Zip	MANAGER	KATHIE LEVISON	P.O. BOX 6462	Ketchum	ID	83340
Office held	Name	Street or P.O. Address	City	State	Zip									
MANAGER	KATHIE LEVISON	P.O. BOX 6462	Ketchum	ID	83340									
5. Organized under the laws of: IDAHO W 14701	6. Signature <u>Kathie Levison</u> Date <u>7/1/03</u> Name (Typed or Printed) <u>KATHIE LEVISON</u> Title <u>MANAGER</u>													