

REINSTATEMENT

No. L 745	Annual Report Form ADMIN TERMINATED 10/10/2007		2. Registered Agent and Office NOT A P.O. BOX MOUNTAIN WEST ENTERPISES LLC 17 N COVEY LN NAMPA, ID 83687																				
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 LEISURE VILLAGE IX ASSOCIATES (A LI [REDACTED] PO Box 1813 [REDACTED] Nampa, ID 83653		3. New registered agent signature																				
<p>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.</p> <table> <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>Don Wheeler</td> <td>PO Box 1813</td> <td>Nampa</td> <td>ID</td> <td>83653</td> </tr> <tr> <td>Member</td> <td>Kaylene McDonald</td> <td>PO Box 1813</td> <td>Nampa</td> <td>ID</td> <td>83653</td> </tr> </tbody> </table>						Office held	Name	Street or P.O. Address	City	State	Zip	Member	Don Wheeler	PO Box 1813	Nampa	ID	83653	Member	Kaylene McDonald	PO Box 1813	Nampa	ID	83653
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Member	Kaylene McDonald	PO Box 1813	Nampa	ID	83653																		
5. Organized under the laws of: IDAHO L 745		<p>6.</p> <table> <tr> <td>Signature</td> <td>Kaylene McDonald</td> <td>Date</td> <td>7-24-08</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Kaylene McDonald</td> <td>Title</td> <td>Authorized Member</td> </tr> </table>				Signature	Kaylene McDonald	Date	7-24-08	Name (Typed or Printed)	Kaylene McDonald	Title	Authorized Member										
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