

No. J 527	Reinstatement Annual Report Form LLP REVOKED 09/08/2009		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CLEARWATER GEOSCIENCES, LLP THOMAS R WOOD 510 E 17TH ST #205 1800 E 49th South IDAHO FALLS ID 83404 1800		THOMAS R WOOD 510 E 17TH ST #205 IDAHO FALLS ID 83404 1800 E 49th South 3. New Registered Agent Signature.																				
	4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners. <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>President</td><td>Thomas R. Wood</td><td>1800 E 49th S</td><td>IF</td><td>ID</td><td>Bonneville</td><td>83404</td></tr><tr><td>Vice-President</td><td>Sally A. Parks</td><td>1800 E 49th S</td><td>IF</td><td>ID</td><td>Bonneville</td><td>83404</td></tr></tbody></table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Thomas R. Wood	1800 E 49th S	IF	ID	Bonneville	83404	Vice-President	Sally A. Parks	1800 E 49th S	IF	ID	Bonneville
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5. Organized Under the Laws of: IDAHO J 527	6. <table border="1"><tr><td>Signature: <u>Thomas R. Wood</u></td><td>Date: <u>12/10/09</u></td></tr><tr><td>Name (type or print): <u>Thomas R. Wood</u></td><td>Title: <u>President</u></td></tr></table>		Signature: <u>Thomas R. Wood</u>	Date: <u>12/10/09</u>	Name (type or print): <u>Thomas R. Wood</u>	Title: <u>President</u>																	
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