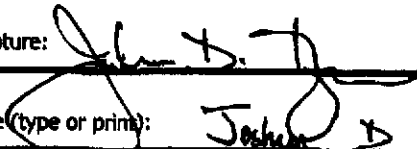


No. <b>W 44721</b>		Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) JOSHUA D BARNES 2498 EAST 2706 NORTH TWIN FALLS ID 83301															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. JOSHUA BARNES CONSTRUCTION, LLC JOSHUA D BARNES <del>PO BOX 712</del> 2498 E. 2706 N. <del>FILED ID 83328</del> Twin Falls, ID 83301		3. <u>New</u> Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																			
<table border="1"> <thead> <tr> <th>Manager or Member</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>Manager</td> <td>Member (circle one)</td> <td>Joshua D Barnes</td> <td>2498 E 2706 N</td> <td>Twin Falls</td> <td>ID</td> <td>83301</td> </tr> </tbody> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager	Member (circle one)	Joshua D Barnes	2498 E 2706 N	Twin Falls	ID	83301
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code													
Manager	Member (circle one)	Joshua D Barnes	2498 E 2706 N	Twin Falls	ID	83301													
5. Organized Under the Laws of:  IDAHO W 44721		6. Signature:  Date: 11 Jan 11 Name (type or print): Joshua D Barnes Title: Manager																	
Issued 06/10/2011 by JL1																			

### 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 correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.