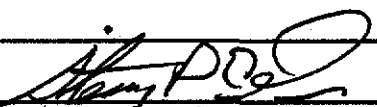


REINSTATEMENT

FILED EFFECTIVE

No. W 31091	Annual Report Form ADMIN DISSOLVED 09/04/2008		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 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable CANYON VIEW ESTATES LLC STEVEN P ELKINS 1771 EAST 4550 N BUHL, ID 83316		STEVEN P ELKINS 1771 EAST 4550 N BUHL, ID 83316 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 border="0"> <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>MANAGING MEMBER</td> <td>STEVEN P ELKINS</td> <td>1771 EAST 4550 N</td> <td>BUHL</td> <td>ID</td> <td>83316</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	MANAGING MEMBER	STEVEN P ELKINS	1771 EAST 4550 N	BUHL	ID	83316
Office held	Name	Street or P.O. Address	City	State	Zip											
MANAGING MEMBER	STEVEN P ELKINS	1771 EAST 4550 N	BUHL	ID	83316											
5. Organized under the laws of: IDAHO W 31091		6. Signature  Name (Typed or Printed) <u>STEVEN P ELKINS</u> Date <u>4/28/09</u> Title <u>MANAGING MEMBER</u>														

Issued 4/16/2009 by LJM