

FILED EFFECTIVE

No. W 41681	Reinstatement Annual Report Form ADMIN DISSOLVED 11/08/2007		2. Registered Agent and Office (NOT A P.O. BOX) GALEN CLEVERLEY 1960 BITTERROOT DR 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. CLEVERLEY DESIGNED, LLC GALEN CLEVERLEY 1960 BITTERROOT DR TWIN FALLS ID 83301	3. New Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <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>Member</td><td>Galen Cleverley</td><td>1960 Bitterroot Dr.</td><td>Twin Falls</td><td>Id</td><td></td><td>83301</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member	Galen Cleverley	1960 Bitterroot Dr.	Twin Falls	Id		83301
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5. Organized Under the Laws of: IDAHO W 41681	6. Signature:  Name (type or print): Galen Cleverley			Date: Jan 7-2008 Title: Member													
Issued 12/28/2007 by LJM																	