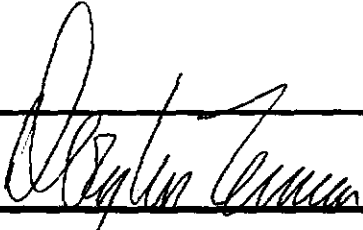
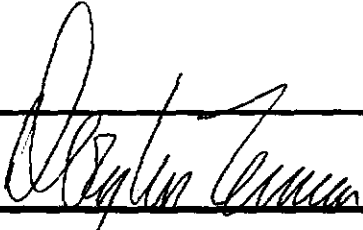
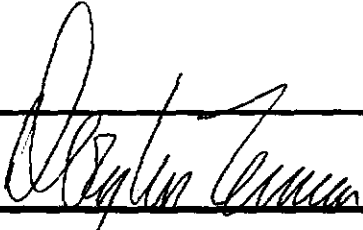


No. W 59526	Reinstatement Annual Report Form ADMIN DISSOLVED 05/13/2011		2. Registered Agent and Office (NOT A P.O. BOX) DOUG TAMURA 1124 SANTA MARIA DR BOISE ID 83712																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. FAIRVIEW LAKES OFFICE DEVELOPMENT, LLC DOUG TAMURA 1124 SANTA MARIA DR BOISE ID 83712				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 colspan="7">Manager Member (circle one)</td></tr><tr><td colspan="7">MEMBER DOUG TAMURA 1124 SANTA MARIA DR. BOISE ID 83712</td></tr></tbody></table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)							MEMBER DOUG TAMURA 1124 SANTA MARIA DR. BOISE ID 83712					
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5. Organized Under the Laws of: IDAHO W 59526		6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>5/19/11</td></tr><tr><td>Name (type or print):</td><td>DOUGLAS TAMURA</td><td>Title:</td><td>MEMBER</td></tr></table>			Signature:		Date:	5/19/11	Name (type or print):	DOUGLAS TAMURA	Title:	MEMBER													
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