FILED EFFECTIVE

No. W 22320	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2008	2. Registered Agent and Office (NOT A P.O. BOX) GARY SHOOK 3506 E 3985 N KIMBERLY ID 83341
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. MAGIC VALLEY PROPERTIES, L.L.C. 3506 E 3985 N KIMBERLY ID 83341	3. New Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Manager	Richard E. Henry	800 Falls Ave Ste 2	Twin Falls,	ID,	Twin Falls	83301
Manager	Gary D. Shook	3506 E 3985 N	Kimberly,	ID	Twin Falls	83341

5. Organized Under the Laws of:	6.
IDAHO W 22320	Signature: [signature] Date: 6/24/08 Name (type or print): Gary D. Shook Title: Manager

Issued 07/01/2008 by CLH

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: Enter names and business addresses of management.**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.