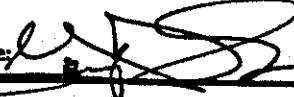


FILED EFFECTIVE

No. W 22320	Reinstatement Annual Report Form ADMIN DISSOLVED 04/09/2008		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 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		GARY SHOOK 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
<i>Manager</i>	<i>Richard E. Henry</i>	<i>800 Falls Ave Ste 2</i>	<i>Twin Falls, ID, Twin Falls 83301</i>
<i>Manager</i>	<i>Gary D. Shook</i>	<i>3506 E 3985 N</i>	<i>Kimberly, ID Twin Falls 83341</i>
5. Organized Under the Laws of:			
IDAHO W 22320			
6. Signature:		Date:	
		<i>6/24/08</i>	
Name (type or print):		Title:	
<i>Gary D. Shook</i>		<i>Manager</i>	
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.