

FILED EFFECTIVE

No. W 22218	Reinstatement Annual Report Form ADMIN DISSOLVED 04/08/2005		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	1. Mailing Address: Correct in this box if needed. ANGEL FACTOR INN, L.L.C. MICHELLE FACTOR 702 3RD AVE S P.O. BOX 605 HAILEY ID 83333		MICHELLE FACTOR 702 3RD AVE S P.O. BOX 605 HAILEY ID 83333 <i>541 Calumet Way Hailey ID 83333</i> 3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			
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>Owner</i>	<i>Michelle Factor</i>	<i>541 Calumet Way</i>	<i>Hailey ID Blaine 83333</i>
5. Organized Under the Laws of:		6.	
IDAHO W 22218		Signature: <i>Michelle Factor</i>	Date: <i>10/12/08</i>
		Name (type or print): <i>Michelle Factor</i>	Title: <i>Owner</i>
Issued 10/08/2008 by LJM			