

| | | | | |
|---|---|--|---|--|
| No. W 65241 | Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010 | | 2. Registered Agent and Office (NOT A P.O. BOX) JAMES T HORN UNIT 14 ROCKCREEK DONNELLY ID 83165 | |
| 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. MOUNTAIN MULTI-SERVICES, LLC PO BOX 2650 MCCALL ID 83638 | | 3. New Registered Agent Signature. | |

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

| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code |
|--|---------------|----------------------|--------|-------|---------|-------------|
| Manager <input checked="" type="radio"/> Member <input type="radio"/> (circle one) | JAMES T. HORN | PO BOX 2650 | MCCALL | ID | USA | 83638 |
| Manager Member (circle one) | | | | | | |
| Manager Member (circle one) | | | | | | |
| Manager Member (circle one) | | | | | | |
| Manager Member (circle one) | | | | | | |
| Manager Member (circle one) | | | | | | |

| | | | | | |
|---|--|---------------------------------|---------------------|--|---------------------|
| 5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 65241 </div> | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"> Signature: <u>James T. Horn</u> </td> <td style="width: 20%;"> Date: <u>3-7-11</u> </td> </tr> <tr> <td> Name (type or print): <u>JAMES T. HORN</u> </td> <td> Title: <u>OWNER</u> </td> </tr> </table> | Signature: <u>James T. Horn</u> | Date: <u>3-7-11</u> | Name (type or print): <u>JAMES T. HORN</u> | Title: <u>OWNER</u> |
| Signature: <u>James T. Horn</u> | Date: <u>3-7-11</u> | | | | |
| Name (type or print): <u>JAMES T. HORN</u> | Title: <u>OWNER</u> | | | | |

Issued 03/03/2011 by SLD