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|--|---|-------------------------------------|---|-------------|-----------------|----------------------|
| 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 | 1. Mailing Address: Correct in this box if needed. MOUNTAIN MULTI-SERVICES, LLC PO BOX 2650 MCALL ID 83638 | | 3. New Registered Agent Signature. | | | |
| REINSTATEMENT FEE DUE: \$30.00 | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | |
| Manager or Member Manager Member (circle one) | Name JAMES T. HORN | Street or PO Address PO Box 2650 | City MCALL | State ID | Country U.S. | Postal Code 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: IDAHO W 65241 | 6. | | | | | |
| | Signature: <u>James T. H</u> | | | | | Date: 3-7-11 |
| | Name (type or print): James T. Horn | | | | | Title: Clerk |

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