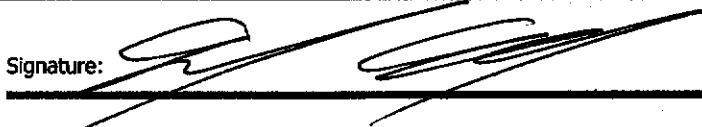


No. W 59625	Reinstatement Annual Report Form ADMIN DISSOLVED 05/06/2009		2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		COLIN CONNELL 2291 AMY AVE BOISE ID 83706	
	ARROW VILLA LLC PO BOX 2723 BOISE ID 83701		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>Colin Connell</i> <i>Member Manager</i> <i>Boise ID Ad 83701</i> <i>P.O. Box 2723</i> —				
5. Organized Under the Laws of:		6.		
IDAHO W 59625		Signature: 	Date: <i>6-11-09</i>	
Issued 06/11/2009 by DK1		Name (type or print): <i>Colin Connell</i>	Title: <i>Manager</i>	