

No. W 42964	Reinstatement Annual Report Form ADMIN DISSOLVED 12/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) KIRK W HILL 5047 E SHORE COVE POST FALLS ID 83854																			
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. HIGHLANDS GOLF COURSE, LLC KIRK W HILL 5047 E SHORE COVE POST FALLS ID 83854		3. New Registered Agent Signature.																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.																						
<table border="1"><thead><tr><th>Manager/Member Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Kirk Hill</td><td>5600 E. Mullan</td><td>Post Falls</td><td>ID</td><td></td><td>83854</td></tr><tr><td>Sallee Hill</td><td>5600 E. Mullan</td><td>Post Falls</td><td>ID</td><td></td><td>83854</td></tr></tbody></table>					Manager/Member Name	Street or PO Address	City	State	Country	Postal Code	Kirk Hill	5600 E. Mullan	Post Falls	ID		83854	Sallee Hill	5600 E. Mullan	Post Falls	ID		83854
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5. Organized Under the Laws of: IDAHO W 42964		6. <table><tr><td>Signature: </td><td>Date: 11-22-2010</td></tr><tr><td>Name (type or print): <u>Kirk Hill</u></td><td>Title: <u>mgr</u> <u>owner</u> <u>President</u></td></tr></table>			Signature: 	Date: 11-22-2010	Name (type or print): <u>Kirk Hill</u>	Title: <u>mgr</u> <u>owner</u> <u>President</u>														
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Issued 11/23/2010 by CLH																						