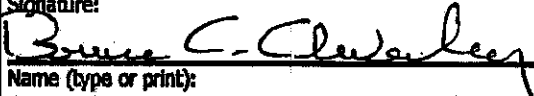
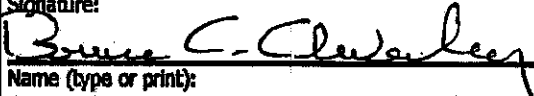
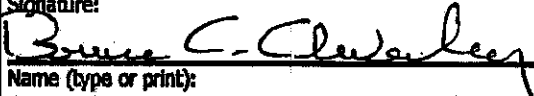


No. W 44991	Reinstatement Annual Report Form ADMIN DISSOLVED 02/06/2008		2. Registered Agent and Office (NOT A P.O. BOX) BRUCE CLEVERLEY 200 E 20 N 160 E 300 S RUPERT ID 83350																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NORTHSTAR GROUP, LLC 329 S WOODRUFF PO Box 206 Rupert Id 83350 IDAHO FALLS ID 83401		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Bruce Cleverley</td> <td>PO Box 206</td> <td>Rupert Id</td> <td>USA</td> <td></td> <td>83350</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Bruce Cleverley	PO Box 206	Rupert Id	USA		83350	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Bruce Cleverley	PO Box 206	Rupert Id	USA		83350																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 44991		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 10-17-2013</td> </tr> <tr> <td>Name (type or print): BRUCE C. CLEVERLEY</td> <td>Title: Member</td> </tr> </table>		Signature: 	Date: 10-17-2013	Name (type or print): BRUCE C. CLEVERLEY	Title: Member																															
Signature: 	Date: 10-17-2013																																					
Name (type or print): BRUCE C. CLEVERLEY	Title: Member																																					

Issued 10/08/2013 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM