

No. W 63103	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) GINA CARLENE DAVIS 2400 S 10TH AVE CALDWELL ID 83605																					
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. DAVIS CREEK LLC 2400 S 10TH AVE CALDWELL ID 83605				3. <u>New</u> Registered Agent Signature.																			
			4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</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><i>President</i></td> <td><i>Gina C. Davis</i></td> <td><i>2400 S 10th Ave</i></td> <td><i>Caldwell</i></td> <td><i>ID</i></td> <td><i>USA</i></td> <td><i>83605</i></td> </tr> <tr> <td><i>Member</i></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	<i>President</i>	<i>Gina C. Davis</i>	<i>2400 S 10th Ave</i>	<i>Caldwell</i>	<i>ID</i>	<i>USA</i>	<i>83605</i>	<i>Member</i>			
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