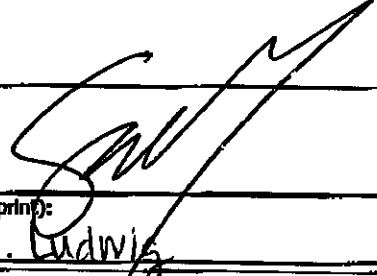


No. W 42023	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PORTER DEVELOPMENT, LLC SCOT M LUDWIG 401 WEST FRONT STREET 209 W. Main St. SUITE 401 BOISE ID 83702 USA		SCOT M LUDWIG 401 WEST FRONT STREET SUITE 401 209 W. Main St. BOISE ID 83702 3. New 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 ☐ Member ☒</td> <td>Scot M. Ludwig</td> <td>209 W. Main St.</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83702</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	Scot M. Ludwig	209 W. Main St.	Boise	ID	USA	83702	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 42023		6. Signature:  Name (type or print): Scot M. Ludwig Date: 11/21/12 Title: Member																																				

Issued 11/21/2012 by KAH