

REINSTATEMENT FILED EFFECTIVE

No. W 50606	Annual Report Form ADMIN DISSOLVED 08/08/2007	2. Registered Agent and Office NOT A P.O. BOX MICHAEL MILLWARD										
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable WILDLIFE RIDGE ESTATES LLC 2749 Hawkweed St. 1801 N AUTHUR STE C POCATELLO, ID 83204	1801 N AUTHUR STE C 2749 Hawkweed St. POCATELLO, ID 83204 3. New registered agent signature										
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0"><tr><td>Office held</td><td>Name</td><td>Street or P.O. Address</td><td>City</td><td>Zip</td></tr><tr><td>Manager</td><td>Michael J Millward</td><td>1283 N. Bonneville Rd</td><td>Idaho Falls</td><td>83415</td></tr></table>			Office held	Name	Street or P.O. Address	City	Zip	Manager	Michael J Millward	1283 N. Bonneville Rd	Idaho Falls	83415
Office held	Name	Street or P.O. Address	City	Zip								
Manager	Michael J Millward	1283 N. Bonneville Rd	Idaho Falls	83415								
5. Organized under the laws of: IDAHO W 50606	6. Signature <u><i>mjm</i></u> Date <u>8/23/07</u> Name (Typed or Printed) <u>Michael J Millward</u> Title <u>Manager</u>											

Issued 08/23/2007 by LJM