

REINSTATEMENT

| No. W 74646 | Annual Report Form ADMIN DISSOLVED 08/06/2009 | | 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 FEE DUE \$30.00 | 1. Mailing Address - Correct in this box, if applicable | | MARK ORCHARD 675 HARVEST DR REXBURG, ID 83440 | | | | | | | | | | | | | |
| | AQUA NOOK LLC MARK ORCHARD 675 HARVEST DR REXBURG, ID 83440 | | | | | | | | | | | | | | | |
| 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="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>owner (President)</td> <td>Mark Orchard</td> <td>675 Harvest Dr</td> <td>Rexburg</td> <td>Id</td> <td>83440</td> </tr> </tbody> </table> | | | | | Office held | Name | Street or P.O. Address | City | State | Zip | owner (President) | Mark Orchard | 675 Harvest Dr | Rexburg | Id | 83440 |
| Office held | Name | Street or P.O. Address | City | State | Zip | | | | | | | | | | | |
| owner (President) | Mark Orchard | 675 Harvest Dr | Rexburg | Id | 83440 | | | | | | | | | | | |
| 5. Organized under the laws of: IDAHO W 74646 | | 6. Signature <u>Mark J. Orchard</u> Date <u>12-29-09</u> Name (Typed or Printed) <u>Mark J. Orchard</u> Title <u>Owner</u> | | | | | | | | | | | | | | |

Issued 8/12/2009 by CLH