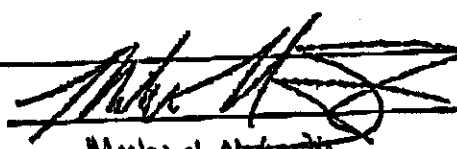


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Idaho Secretary of State

REINSTATEMENT

No. W 60586	Annual Report Form ADMIN DISSOLVED 06/05/2008		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 NEW WEST INSURANCE, L.L.C. PO BOX 5859 KETCHUM, ID 83340		MICHAEL N SMITH 280 W 2ND ST KETCHUM, ID 83340 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"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td>Member</td><td>Michael N. Smith</td><td>PO Box 5859</td><td>Ketchum</td><td>ID</td><td>83340</td></tr></tbody></table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member	Michael N. Smith	PO Box 5859	Ketchum	ID	83340
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Member	Michael N. Smith	PO Box 5859	Ketchum	ID	83340											
5. Organized under the laws of: IDAHO W 60586	6. Signature  Name (Typed or Printed) <u>Michael N. Smith</u>	Date <u>11/12/08</u> Title <u>Member</u>														

Issued 11/12/2008 by LIM

FILED EFFECTIVE