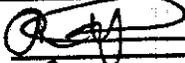


REINSTATEMENT

FILED EFFECTIVE

No. W 36168	Annual Report Form ADMIN DISSOLVED 04/10/2006	2. Registered Agent and Office NOT A P.O. BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, if applicable FAMILY TRINITY LLC ANTHONY YEAMANS 4209 S BEACON BOISE, ID 83705 P.O. Box 473 WAMPA IO 83658	ANTHONY YEAMANS 4209 S BEACON 908 3 RD St South BOISE ID 83705 WAMPA IO 83651 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 <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <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></td><td>Anthony YEAMAN</td><td>908 3RD St South #2</td><td>WAMPA</td><td>IO</td><td>83651</td></tr><tr><td></td><td>STEPHANIE YEAMAN</td><td></td><td></td><td></td><td></td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Zip		Anthony YEAMAN	908 3 RD St South #2	WAMPA	IO	83651		STEPHANIE YEAMAN				
Office held	Name	Street or P.O. Address	City	State	Zip															
	Anthony YEAMAN	908 3 RD St South #2	WAMPA	IO	83651															
	STEPHANIE YEAMAN																			
5. Organized under the laws of: IDAHO W 36168	6. Signature  Name (Typed or Printed) <u>Anthony YEAMAN</u> Title _____ Date <u>7-27-06</u>																			

Issued 07/27/2006 by KDW