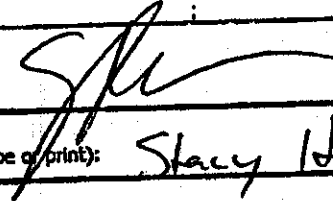


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No. W 34070	Reinstatement Annual Report Form ADMIN DISSOLVED 01/04/2008		2. Registered Agent and Office (NOT A P.O. BOX) CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PARTY HAVEN, LLC STACY HAVEN 10259 W EMERALD ST STE 140 BOISE ID 83704		3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Owner	Stacy Haven	12451 W. Lewis & Clark Dr.	Boise	ID	AOA	83713
Owner	Terenen Haven	12451 W. Lewis & Clark Dr.	Boise	ID	AOA	83713
5. Organized Under the Laws of:		5.				
IDAHO W 34070		Signature: 	Date: 1-29-07		Title: Owner	
Revised 01/10/2008 by CLH						

2008 JAN 29 PM 11:07
SECRETARY OF STATE OF IDAHO