

FILED EFFECTIVE

No. W 27341	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2008		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		OLIVER CLEAVER 1790 W SPANISH BAY DR EAGLE ID 83616	
	GENERATION II, LLC 1790 W SPANISH BAY DR EAGLE ID 83616 <i>1805 W SPANISH BAY DR</i>		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
<i>MANAGING MEMBER</i>	<i>OLIVER CLEAVER</i>	<i>1805 W SPANISH BAY</i>	<i>EAGLE ID</i>	<i>ADA 83616</i>
5. Organized Under the Laws of:		6.		
IDAHO W 27341		Signature: <i>[Signature]</i>	Date: <i>6/1/09</i>	
		Name (type or print): <i>OLIVER CLEAVER</i>	Title: <i>MANAGING MEMBER</i>	
Issued 06/01/2009 by NLB				