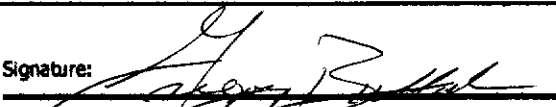
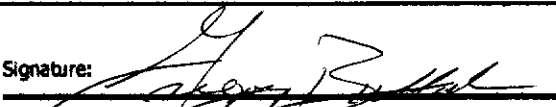
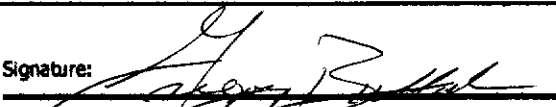


FILED EFFECTIVE

No. W 38501	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2009		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 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed.		GREGORY BULLOCK 504 BAYHILL DR NAMPA ID 83686															
	BELT CREEK, LLC GREGORY BULLOCK 504 BAYHILL DR NAMPA ID 83686		3. New Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Managing member</td><td>Gregory Bullock</td><td>504 Bayhill Dr.</td><td>Nampa</td><td>Id.</td><td></td><td>83686</td></tr></tbody></table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Managing member	Gregory Bullock	504 Bayhill Dr.	Nampa	Id.		83686
Office Held	Name	Street or PO Address	City	State	Country	Postal Code												
Managing member	Gregory Bullock	504 Bayhill Dr.	Nampa	Id.		83686												
5. Organized Under the Laws of: IDAHO W 38501		6. <table border="1"><tr><td>Signature: </td><td>Date: 7/14/10</td></tr><tr><td>Name (type or print): Gregory Bullock</td><td>Title: Member</td></tr></table>			Signature: 	Date: 7/14/10	Name (type or print): Gregory Bullock	Title: Member										
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Name (type or print): Gregory Bullock	Title: Member																	
Issued 07/14/2010 by CLH																		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1 - Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the