

No. W 50681	Reinstatement Annual Report Form ADMIN DISSOLVED 08/10/2011		2. Registered Agent and Office (NOT A P.O. BOX) MARK EWING 109 SUNDOWNER LN SAGLE ID 83860
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. NOBLE PARTNERS II, LLC MARK EWING 109 SUNDOWNER LN SAGLE ID 83860 <i>P.O. Box 1541</i> <i>Sandpoint ID 83861</i>		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Manager <u>Member</u> (circle one)	Street or PO Address	City	State Country Postal Code
<i>Mark Ewing</i>	<i>P.O. Box 1541</i>	<i>Sandpoint ID</i>	<i>USA 83861</i>
<i>Robert Johnson 700 8th St 4</i>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 50681</div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Signature: <i>[Signature]</i></div> <div>Date: <i>2/7/12</i></div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Name (type or print): <i>Mark Ewing</i></div> <div>Title: <i>Owner</i></div> </div>	
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