FILED EFFECTIVE

No. W 69974	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010	2. Registered Agent and Office (NOT A P.O. BOX) WALTER W MCCABE 2669 E 3500 N TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. ELIEHOUSE, L.L.C. WALTER W MCCABE PO1 BOX 2367 TWIN FALLS ID 83303	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER	JORDANA BRYAN	PO BOX 2367,	TWIN FALLS,	ID	USA	83303
MEMBER	WALTER McCABE	PO BOX 2367,	TWIN FALLS,	ID	USA	83303

5. Organized Under the Laws of:	6.
IDAHO W 69974	Signature: [signature] Date: 03-09-10 Name (type or print): JORDANA BRYAN Title: MEMBER

Issued 03/09/2010 by KAH

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 correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". **These will not be accepted.**

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.