
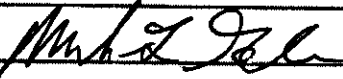


REINSTATEMENT

No. L 4778	Annual Report Form		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 FEE DUE \$30.00	ADMIN TERMINATED 03/09/2007		1. Mailing Address - Correct in this box, if applicable																			
	JOHN AND JACQUELYN GALE FAMILY LIMI JOHN A GALE MARK L. GALE HIGHWAY 6 583 PARSON RD NAPLES, ID 83847		JOHN A GALE MARK L. GALE HIGHWAY 6 583 PARSON RD NAPLES, ID 83847 3. New registered agent signature 																			
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management Limited Partnerships and LPs: Enter Names and Addresses of at least two (2) partners. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>GENERAL PARTNER</td> <td>MARK L. GALE</td> <td>583 PARSON RD</td> <td>NAPLES</td> <td>ID</td> <td>83847</td> </tr> <tr> <td>GENERAL PARTNER</td> <td>JACQUELYN GALE</td> <td>1594 HIGHLAND FLATS RD</td> <td>NAPLES</td> <td>ID</td> <td>83847</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	GENERAL PARTNER	MARK L. GALE	583 PARSON RD	NAPLES	ID	83847	GENERAL PARTNER	JACQUELYN GALE	1594 HIGHLAND FLATS RD	NAPLES	ID	83847
Office held	Name	Street or P.O. Address	City	State	Zip																	
GENERAL PARTNER	MARK L. GALE	583 PARSON RD	NAPLES	ID	83847																	
GENERAL PARTNER	JACQUELYN GALE	1594 HIGHLAND FLATS RD	NAPLES	ID	83847																	
5. Organized under the laws of: IDAHO L 4778		6. Signature  Date 1-3-08 Name (Typed or Printed) MARK L. GALE Title GEN PARTNER																				

Issued 08/15/2007 by LJM

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct mailing 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 president, secretary, and directors (for corporations only), management (for LLCs only), or at least two (2) partners (for LPs and LLPs only. **Note:** Putting "same as last year" or "same as above" 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 corporation/LLC/LP/LLP. Print or type the name and title of the signer below the signature.