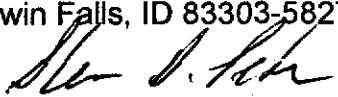
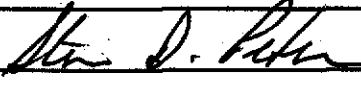
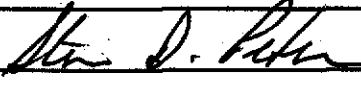
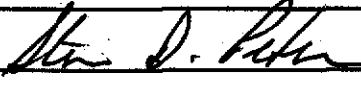


REINSTATEMENT

No. W 49859	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 DISSOLVED 07/08/2008 1. Mailing Address - Correct in this box, if applicable SKYVIEW WEST, L.C. 116 NORTH RIVER ISLAND RD RUPERT, ID 83350		Steven D. Peterson 161 5th Ave. S., Ste. 310 P.O. Box 5827 Twin Falls, ID 83303-5827 													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of management. Limited and Limited Liability Partnerships: Enter names and addresses of at least two (2) partners. <table border="0" style="width:100%"> <tr> <td style="width:15%"><u>Office held</u></td> <td style="width:25%"><u>Name</u></td> <td style="width:40%"><u>Street or P.O. Address</u></td> <td style="width:10%"><u>City</u></td> <td style="width:10%"><u>State</u></td> <td style="width:10%"><u>Zip</u></td> </tr> <tr> <td>Mg Memb</td> <td>Brent Whitesides</td> <td>116 NorthRiver Island Rd</td> <td>Rupert</td> <td>ID</td> <td>83350</td> </tr> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Mg Memb	Brent Whitesides	116 NorthRiver Island Rd	Rupert	ID	83350
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Mg Memb	Brent Whitesides	116 NorthRiver Island Rd	Rupert	ID	83350											
5. Organized under the laws of: IDAHO W 49859		6. <table border="0" style="width:100%"> <tr> <td style="width:60%">Signature </td> <td style="width:40%">Date _____</td> </tr> <tr> <td>Name (Typed or Printed) _____</td> <td>Title _____</td> </tr> </table>			Signature 	Date _____	Name (Typed or Printed) _____	Title _____								
Signature 	Date _____															
Name (Typed or Printed) _____	Title _____															

Issued 6/5/2009 by KAH