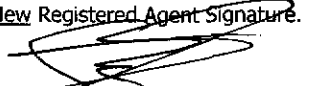



**FILED EFFECTIVE**

No. <b>W 65631</b>	Reinstatement Annual Report Form <b>ADMIN DISSOLVED 11/03/2011</b>	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>
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. WILLIAM F. TURPIN & ASSOCIATES, LLC WILLIAM F TURPIN 597 E 1600 N IDAHO FALLS ID 83402	<del>CURTIS R SMITH</del> <del>3480 MERLIN DRIVE</del> <del>IDAHO FALLS ID 83404</del> Scott W. Marotz 1075 S. Utah Ave., Suite 321 Idaho Falls, ID 83405
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>		3. New Registered Agent Signature. 
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.		
<b>Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code</b>		
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	William F. Turpin	597 E. 1600 N. Idaho Falls, ID USA 83402
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 65631</b>	6. Signature:  Date: <u>6/25/2012</u> Name (type or print): <u>William F. Turpin</u> Title: <u>Manager/Member</u>	