

**FILED/EFFECTIVE****REINSTATEMENT**

<b>No. W 3546</b>	<b>Annual Report Form</b> ADMIN DISSOLVED 02/17/2000		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>FEE DUE \$30.00</b>	1. Mailing Address - Correct in this box, if applicable		NYLE C FULLMER 664 N 2ND E  REXBURG, ID 83440																			
	MAGIC PUMPKIN PROPERTIES, L.L.C.  664 N 2ND E  REXBURG, ID 83440		3. <u>New</u> registered agent signature																			
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  <table border="1"><thead><tr><th><u>Office held</u></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td>Manager</td><td>Nyle Fullmer</td><td>236 South 2nd East</td><td>Rexburg</td><td>ID</td><td>83440</td></tr><tr><td>Manager</td><td>Sherri F. Fullmer</td><td>236 South 2nd East</td><td>Rexburg</td><td>ID</td><td>83440</td></tr></tbody></table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager	Nyle Fullmer	236 South 2nd East	Rexburg	ID	83440	Manager	Sherri F. Fullmer	236 South 2nd East	Rexburg	ID	83440
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Manager	Nyle Fullmer	236 South 2nd East	Rexburg	ID	83440																	
Manager	Sherri F. Fullmer	236 South 2nd East	Rexburg	ID	83440																	
5. Organized under the laws of:  IDAHO W 3546	6. Signature <u><i>N C Fullmer</i></u> Date <u>4-18-01</u> Name (Typed or Printed) <u>N C Fullmer</u> Title <u>MANAGER/MEM</u>																					

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