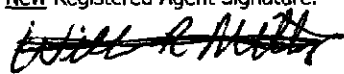





No. <b>W 68607</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/08/2011</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) WILLIAM R MILLSAP 2824 E. WHEELBARROW RD. POST FALLS ID 83854							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  SCALLON CREEK, LLC WILLIAM R MILLSAP P.O. BOX 3111 POST FALLS ID 83877 USA		3. <u>New</u> Registered Agent Signature. 							
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>										
<table border="0" style="width: 100%;"> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 35%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">           Manager <input type="radio"/> Member <input checked="" type="radio"/> (circle one)         </td> <td style="width: 35%;">           William R Millsap         </td> <td style="width: 30%;">           P.O. Box 3111         </td> <td style="width: 10%;">           Post Falls         </td> <td style="width: 10%;">           ID.         </td> <td style="width: 10%;">           USA         </td> <td style="width: 10%;">           83877         </td> </tr> </table>				Manager <input type="radio"/> Member <input checked="" type="radio"/> (circle one)	William R Millsap	P.O. Box 3111	Post Falls	ID.	USA	83877
Manager <input type="radio"/> Member <input checked="" type="radio"/> (circle one)	William R Millsap	P.O. Box 3111	Post Falls	ID.	USA	83877				
5. Organized Under the Laws of:  <div style="text-align: center; font-size: large;"> <b>IDAHO</b>  <b>W 68607</b> </div>		6. <table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">           Signature:  </td> <td style="width: 30%;">           Date: 8-14-2011         </td> </tr> <tr> <td>           Name (type or print): William R. Millsap         </td> <td>           Title: Member         </td> </tr> </table>		Signature: 	Date: 8-14-2011	Name (type or print): William R. Millsap	Title: Member			
Signature: 	Date: 8-14-2011									
Name (type or print): William R. Millsap	Title: Member									
Issued 08/09/2011 by SLD										

## 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:** Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **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.