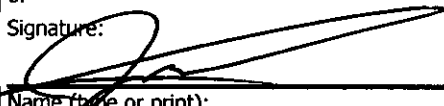


No. <b>W 116322</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/14/2013</b>  <b>1. Mailing Address: Correct in this box if needed.</b> MESA FALLS LAND, LLC TROY A KARTCHNER 3758 N YELLOWSTONE HIGHWAY IDAHO FALLS ID 83401 <i>bal w 1700 S St A</i> <i>Lagon, UT 84301</i>	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> CODY PUZEY 3758 N YELLOWSTONE HIGHWAY IDAHO FALLS ID 83401  <b>3. <u>New</u> Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Troy A Kartchner</td> <td>3758 N Yellowstone Hwy</td> <td>Idaho Falls</td> <td>ID</td> <td></td> <td>83401</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Troy A Kartchner	3758 N Yellowstone Hwy	Idaho Falls	ID		83401	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 116322</b>	<b>6.</b> Signature:  Date: <u>11/25/2013</u> Name (type or print): <u>Sam Anderson</u> Title: <u>CFO/Member</u>																																				

Issued 11/15/2013 by CLH

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM