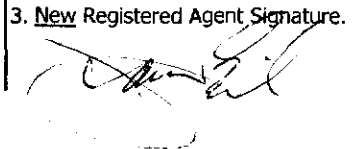
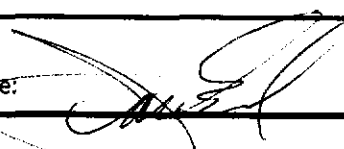
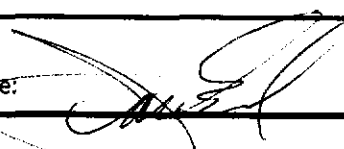
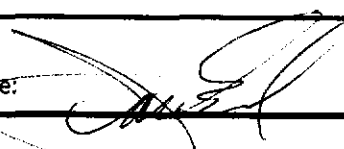


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|---|--|--|--|-----------|---|-----------------------------|-----------------------------------|---------------|-------|-------------------|--------------------|------------|----|-----------|
| No. W 12465 | Reinstatement Annual Report Form ADMIN DISSOLVED 10/05/2011 | | 2. Registered Agent and Office (NOT A P.O. BOX) JAIME THIETTEN ESPIL 641 BALLINGRUDE DR TWIN FALLS ID 83301 | | | | | | | | | | | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. ALTURAS PRODUCTIONS, LLC E JUDITH THIETTEN 641 BALLINGRUDE DR TWIN FALLS ID 83301 USA | | 3. New Registered Agent Signature.  | | | | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | | | | | | | | | | | |
| Manager or Member Name Street or PO Address City State Country Postal Code | | | | | | | | | | | | | | |
| Manager (Member) (circle one) | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Jaime Thietten Espil</td> <td style="width: 40%;">997 East 7800 South Midvale</td> <td style="width: 10%;">UT</td> <td style="width: 10%;">USA</td> <td style="width: 10%;">84047</td> </tr> <tr> <td>E Judith Thietten</td> <td>641 Ballingrude Dr</td> <td>Twin Falls</td> <td>ID</td> <td>USA 83301</td> </tr> </table> | | | | | Jaime Thietten Espil | 997 East 7800 South Midvale | UT | USA | 84047 | E Judith Thietten | 641 Ballingrude Dr | Twin Falls | ID | USA 83301 |
| Jaime Thietten Espil | 997 East 7800 South Midvale | UT | USA | 84047 | | | | | | | | | | |
| E Judith Thietten | 641 Ballingrude Dr | Twin Falls | ID | USA 83301 | | | | | | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 12465 </div> | | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature:  </td> <td style="width: 30%;"> Date: 10-27-11 </td> </tr> <tr> <td> Name (type or print): JAIME ESPIL </td> <td> Title: Member </td> </tr> </table> | | | Signature:  | Date: 10-27-11 | Name (type or print): JAIME ESPIL | Title: Member | | | | | | |
| Signature:  | Date: 10-27-11 | | | | | | | | | | | | | |
| Name (type or print): JAIME ESPIL | Title: Member | | | | | | | | | | | | | |
| Issued 10/19/2011 by SLD | | | | | | | | | | | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM