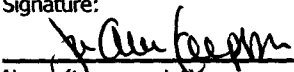
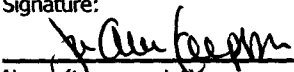
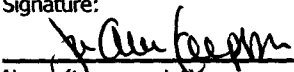


No. W 141852	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) JOANNE CAMPBELL 16598 N FOWLER RD RATHDRUM ID 83858																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00				1. Mailing Address: Correct in this box if needed. STILLWATER CREEK LLC JOANNE CAMPBELL 16598 N FOWLER RD RATHDRUM ID 83858																																		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JoAnne Campbell</td> <td>16598 N Fowler Rd</td> <td>Rathdrum</td> <td>ID</td> <td>USA</td> <td>83858</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	JoAnne Campbell	16598 N Fowler Rd	Rathdrum	ID	USA	83858	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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5. Organized Under the Laws of: IDAHO W 141852	6. <table border="1"> <tr> <td>Signature: </td> <td>Date: <u>12.29.15</u></td> </tr> <tr> <td>Name (type or print): <u>JoAnne Campbell</u></td> <td>Title: <u>Manager</u></td> </tr> </table>			Signature: 	Date: <u>12.29.15</u>	Name (type or print): <u>JoAnne Campbell</u>	Title: <u>Manager</u>																															
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Issued 12/30/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the