

No. C 91061	Due no later than Dec 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MARYE BARKER 2124 GRELLE AVE LEWISTON ID 83501
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BARKER RIVER TRIPS, INC. MARYE BARKER 2124 GRELLE LEWISTON ID 83501		3. <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.			
Office Held	Name	Street or PO Address	City State Country Postal Code
Director	Marye Barker	2124 Grelle Ave	Lewiston ID Nezperce 83501
Director	Jacques Barker	3976 21st St	" " " " "
Treasurer	Marye Barker	2124 Grelle Ave	" " " " "
Secretary	Devon Barker	1005 Xbloody Ave	McCall, ID USA 83638
President	Marye Barker	P.O. 2440 2124 Grelle Ave	Lewiston ID USA 83501
5. Organized Under the Laws of: IDAHO C 91061		6. Signature: <u>Marye Barker</u> Date: <u>10-17-15</u> Name (type or print): <u>Marye Barker</u> Title: <u>president</u>	
Issued 10/13/2015 by TLB 104220			

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 correct mailing 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: Enter names and business addresses of president, secretary, and directors. **Note: DO NOT** put "same as last year" or "same as above". **These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.

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 corporation. Print or type the name of the signer below the signature.

**** The image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the corporation is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? _____

POSTMARK DATES WILL NOT BE ACCEPTED