

| <b>No. W 57413</b><br><br>Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 03/04/2010</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>LIVE WATER PROPERTIES OF IDAHO, LLC<br>PO BOX 9240<br>JACKSON WY 83002 | <b>2. Registered Agent and Office</b><br><b>(NOT A P.O. BOX)</b><br>ANDREA LOBN<br>505 FOX CREEK HOLLOW<br>VICTOR ID 83455<br><br><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><br><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 checked="" type="checkbox"/></td> <td>Alex Maher</td> <td>P.O. Box 9240</td> <td>Jackson</td> <td>W.Y.</td> <td>U.S.</td> <td>83002</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Macye Maher</td> <td>P.O. Box 9240</td> <td>Jackson</td> <td>W.Y.</td> <td>U.S.</td> <td>83002</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 checked="" type="checkbox"/> | Alex Maher | P.O. Box 9240 | Jackson | W.Y. | U.S. | 83002 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Macye Maher | P.O. Box 9240 | Jackson | W.Y. | U.S. | 83002 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member  | Name  | Street or PO Address   | City              | State | Country              | Postal Code |       |         |             |  |            |               |         |      |      |       |   |             |               |         |      |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>   | Alex Maher  | P.O. Box 9240  | Jackson           | W.Y.  | U.S.                 | 83002       |       |         |             |  |            |               |         |      |      |       |   |             |               |         |      |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>  | Macye Maher   | P.O. Box 9240  | Jackson           | W.Y.  | U.S.                 | 83002       |       |         |             |  |            |               |         |      |      |       |   |             |               |         |      |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |  |                   |       |                      |             |       |         |             |  |            |               |         |      |      |       |   |             |               |         |      |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |   |  |                   |       |                      |             |       |         |             |  |            |               |         |      |      |       |   |             |               |         |      |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5. Organized Under the Laws of:</b><br><br><b>IDAHO</b><br><b>W 57413</b>   | <b>6.</b><br>Signature: <u>M d A Maher</u> Date: <u>2/11/2013</u><br>Name (type or print): <u>Macye Maher</u> Title: <u>Member/Owner</u>  |  |                   |       |                      |             |       |         |             |  |            |               |         |      |      |       |   |             |               |         |      |      |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Issued 02/07/2013 by JL1

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM