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| No. <b>W 34309</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 09/22/2016</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br>RIVERWALK PLAZA, LLC<br>LORIN V WALKER<br>1070 RIVERWALK DRIVE<br>SUITE 200<br>IDAHOFALLS ID 83402  | <b>2. Registered Agent and Office</b><br><b>(NOT A P.O. BOX)</b><br>PETER D CHRISTOFFERSON ESQ<br>1000 RIVERWALK DR STE 200<br>IDAHO FALLS ID 83402<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>  |  |   |
| Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code  |  |   |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Lorin Walker 1070 Riverwalk St 200, IDAHO FALLS, ID Bonneville 83402</i>                       |  |   |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |   |
| 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><div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO<br/>W 34309           </div>           | <b>6.</b><br>Signature: <br><hr/> Name (type or print): <i>Lorin Walker</i><br><hr/> <div style="display: flex; justify-content: space-between;"> <div>           Date: <i>10/17/16</i><br/> <hr/>           Title: <i>manager</i><br/> <hr/> </div> </div> |   |