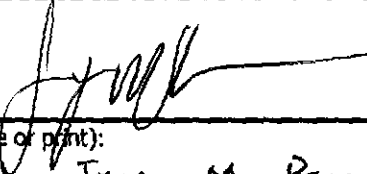


No. W 85970	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2012		2. Registered Agent and Office (NOT A P.O. BOX) JERRY PERSON 769 RIVERSIDE RD PRIEST RIVER ID 83856																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. PRIEST RIVER CANOE LLC JERRY PERSON 769 RIVERSIDE RD PRIEST RIVER ID 83856		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 5%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>JERRY M. PERSON</td> <td>769 RIVERSIDE RD,</td> <td>PRIEST RIVER ID</td> <td></td> <td>Banner</td> <td>83856</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ANITA L. PERSON</td> <td>769 RIVERSIDE RD,</td> <td>PRIEST RIVER ID</td> <td></td> <td>Banner</td> <td>83856</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MICHAEL PERSON</td> <td>769 RIVERSIDE RD,</td> <td>PRIEST RIVER ID</td> <td></td> <td>Banner</td> <td>83856</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ERIK N. PERSON</td> <td>769 RIVERSIDE RD,</td> <td>PRIEST RIVER ID</td> <td></td> <td>Banner</td> <td>83856</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"/>	JERRY M. PERSON	769 RIVERSIDE RD,	PRIEST RIVER ID		Banner	83856	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ANITA L. PERSON	769 RIVERSIDE RD,	PRIEST RIVER ID		Banner	83856	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MICHAEL PERSON	769 RIVERSIDE RD,	PRIEST RIVER ID		Banner	83856	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ERIK N. PERSON	769 RIVERSIDE RD,	PRIEST RIVER ID		Banner	83856
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 85970 </div>		6. Signature:  <hr/> Name (type or print): <u>JERRY M. PERSON</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Date: <u>5/22/14</u> </div> <div style="width: 35%;"> Title: <u>MANAGER</u> </div> </div>																																				
Issued 05/22/2014 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM