

<b>No. W 79668</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  CLEAR LAKES PRODUCTS, LLC  4477 A VALLEY STEPPE DR PO Box 246 BUHL ID 83316	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> JAMES HOLESINSKY 4477 A VALLEY STEPPE DR BUHL ID 83316 <i>AOK</i>  <b>3. New Registered Agent Signature.</b>																												
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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 Member (circle one)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>James Holesinsky</td> <td>PO Box 246</td> <td>Buhl</td> <td>ID</td> <td>Twin Falls</td> <td>83316</td> </tr> <tr> <td></td> <td>Barbara Holesinsky</td> <td>PO Box 246</td> <td>Buhl</td> <td>ID</td> <td>Twin Falls</td> <td>83316</td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)								James Holesinsky	PO Box 246	Buhl	ID	Twin Falls	83316		Barbara Holesinsky	PO Box 246	Buhl	ID	Twin Falls	83316
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<b>5. Organized Under the Laws of:</b>  IDAHO W 79668	<b>6.</b> Signature: <i>Barbara Holesinsky</i> Date: <i>8/5/11</i> Name (type or print): <i>Barbara Holesinsky</i> Title: <i>Member</i>																													
Issued 08/05/2011 by LJC																														

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct 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:** Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

**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 limited liability company. Print or type the name of the signer below the signature.