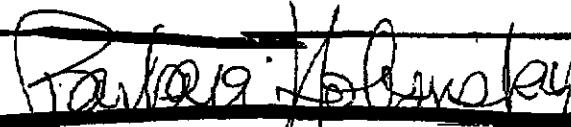


No. W 79668		Reinforcement Annual Report Form ADMIN DISSOLVED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) JAMES HOLESINSKY 4477 A VALLEY STEPPE DR BUHL ID 83316 <i>AOK</i>																						
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CLEAR LAKES PRODUCTS, LLC 4477 A VALLEY STEPPE DR P O Box 2460 BUHL ID 83316		3. New Registered Agent Signature.																						
REINSTATEMENT FEE DUE: \$30.00																										
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																										
<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>James Holesinsky</td> <td>PO Box 2460</td> <td>Buhl</td> <td>ID</td> <td>Tw</td> <td>83316</td> </tr> <tr> <td></td> <td>Barbara Holesinsky</td> <td>PO Box 2460</td> <td>Buhl</td> <td>TD</td> <td>Tw</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 2460	Buhl	ID	Tw	83316		Barbara Holesinsky	PO Box 2460	Buhl	TD	Tw	83316
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	Barbara Holesinsky	PO Box 2460	Buhl	TD	Tw	83316																				
5. Organized Under the Laws of: IDAHO W 79668		6.  Signature: <i>Barbara Holesinsky</i> Date: 8/5/11 Name (type or print): <i>Barbara Holesinsky</i> Title: Member																								
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.