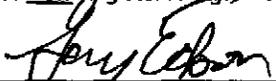
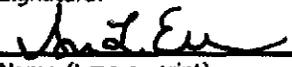


<p>No. W 38333</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 07/10/2013</p>		<p>2. Registered Agent and Office (NOT A P.O. BOX) ANN L EDSON 2115 N CLAREMONT DR BOISE ID 83702 Gery W. Edson 250 So. 5th, Suite 820 Boise, ID 83701</p>																																			
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p>	<p>1. Mailing Address: Correct in this box if needed. SALISHAN 171 LLC 2115 N CLAREMONT DR BOISE ID 83702 P.O. Box 448 Boise, ID 83701</p>		<p>3. New Registered Agent Signature. </p>																																			
<p>REINSTATEMENT FEE DUE: \$30.00</p>																																						
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:25%;">Name</th> <th style="width:25%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">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>Ann Edson</td> <td>P.O. Box 448</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83701</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Christie J. Wood</td> <td>401 Smokey Ln.</td> <td>Caldwell</td> <td>ID</td> <td>USA</td> <td>83607</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 type="checkbox"/>	Ann Edson	P.O. Box 448	Boise	ID	USA	83701	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Christie J. Wood	401 Smokey Ln.	Caldwell	ID	USA	83607	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of: IDAHO W 38333</p>	<p>6. Signature:  Name (type or print): Ann Edson Date: _____ Title: Manager</p>																																					

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