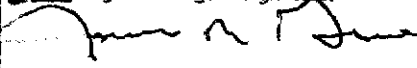
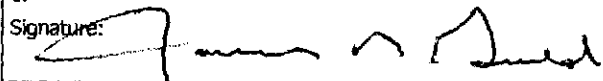


No. W 10714	Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. ALDER CREEK RANCH, AN IDAHO LIMITED LIABILITY COMPANY ROBERT C. HADLEY 3934 N 4300 W MACKAY ID 83251 P.O. Box 6111 KETCHUM, ID. 83340		BOB HADLEY 3934 N 4300 W MACKAY ID 83251 J.B. GOULD 405 CLUBHOUSE DR. KETCHUM, ID 83340																																			
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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>J.B. GOULD</td> <td>P.O. Box 6111</td> <td>KETCHUM</td> <td>ID.</td> <td>US</td> <td>83340</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>STEPHANIE DUKA</td> <td>P.O. Box 6111</td> <td>KETCHUM</td> <td>ID.</td> <td>US</td> <td>83340</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	J.B. GOULD	P.O. Box 6111	KETCHUM	ID.	US	83340	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	STEPHANIE DUKA	P.O. Box 6111	KETCHUM	ID.	US	83340	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. New Registered Agent Signature. 
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5. Organized Under the Laws of: IDAHO W 10714	6. Signature:  Date: <u>11-30-17</u> Name (type or print): <u>JAMES B. GOULD</u> Title: <u>OWNER</u>																																					

Issued 11/03/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM