| No. W 76510 | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 10/21/2015 | 2. Registered Agent and Office (NOT A P.O. BOX)<br>CRAIG T GAUDIO<br>5776 E SAGEWOOD DR<br>IDAHO FALLS ID 83406 |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>REINSTATEMENT FEE DUE: $30.00 | 1. Mailing Address: Correct in this box if needed.<br>COPPER RIVER FUNDING, LLC<br>CRAIG T GAUDIO<br>5776 E SAGEWOOD DR<br>IDAHO FALLS ID 83406 | 3. New Registered Agent Signature. |

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code |
|---|---|---|---|---|---|---|
| Manager ☒ Member ☐ | Craig T. Gaudio | 6225 Malady DR. | Idaho Falls, | ID | | 83402 |
| Manager ☐ Member ☐ | | | | | | |
| Manager ☐ Member ☐ | | | | | | |
| Manager ☐ Member ☐ | | | | | | |

| 5. Organized Under the Laws of: | 6. Signature: | Date: |
|---|---|---|
| IDAHO<br>W 76510 | Name (type or print): Craig T. Gaudio | Title: Member/Manager |

Issued 10/28/2015 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing 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.