

No. W 125357	Reinstatement Annual Report Form ADMIN DISSOLVED 08/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) KEVIN E DINIUS 5680 E FRANKLIN RD STE 130 NAMPA ID 83687																																			
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. MAD RIVER, LLC 5680 E FRANKLIN RD STE 130 NAMPA ID 83687																																					
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 ☐</td> <td>Julie Schelhorn</td> <td>9135 Sky Ranch Rd</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83686</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☒ Member ☐	Julie Schelhorn	9135 Sky Ranch Rd	Nampa	ID		83686	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐							3. New Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 125357		6. Signature: <u>Julie Schelhorn</u> Name (Type or print): <u>Julie Schelhorn</u> Date: <u>11/7/14</u> Title: <u>Manager</u>																																				

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