## **FILED EFFECTIVE**

No. W 48188  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2008  1. Mailing Address: Correct in this box if needed.  OTTER POND LLC  PO BOX 2332  MCCALL ID 83638		2. Regulared Upent and Chipe Burg 3 P.O. BOX) D JOHN CAREY DY OUR TSTATE MCCALL ID 83638   ID AHO  Clause C.  3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00			:	
4. Limited Liability Compan Office Held Nam	· ·	ddresses of Managers OR Members. Street or PO Address	City State	Country Postal Code
Manager D.	John Carey	201 Cold Creek Cour	t melau 16	93638
5. Organized Under the Lav				
IDAHO W 48188	Signature:	er print): D. John Care		Date: 6-30-08 Title: Manager
Issued 06/11/2008 by L3M		To Both Care	<del>}</del>	- I (Martin) Ct

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Black 1: Pay special attention to the mailing address. If the correct address is not given in 8lock 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address exuat 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 Sox.

Black 3: Only a <u>new registered agent must sign in Block 3.</u>

Block 4: Enter names and business addresses of management. Note: <u>Do not put "same as lest year" or "same as above".</u>
These will not be accepted.

Black 5: May not be altered through the use of this form.

Black 5: 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.