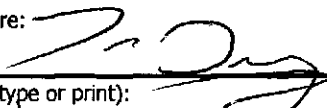


<b>No. W 12154</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 09/23/2014</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> TED A DAY 4840 N. CURLEW PLACE EAGLE ID 83616
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> PAYETTE RIVER EQUIPMENT, L.L.C. TED DAY 4840 N. CURLEW PLACE EAGLE ID 83616		<b>3. <u>New</u> Registered Agent Signature.</b>

**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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Ted Day	4840 N. curlew Pl	Eagle	ID	ADA	83616
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 12154           </div>	<b>6.</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">           Signature:   <hr/>           Name (type or print):            Ted Day         </div> <div style="width: 35%; text-align: right;">           Date: 10/10/14  <hr/>           Title: Manager         </div> </div>
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Issued 10/10/2014 by CLH

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM