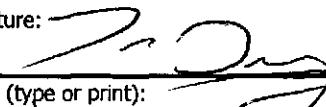


No. W 12154		Reinstatement Annual Report Form ADMIN DISSOLVED 09/23/2014		2. Registered Agent and Office (NOT A P.O. BOX) TED A DAY 4840 N. CURLEW PLACE EAGLE ID 83616	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PAYETTE RIVER EQUIPMENT, L.L.C. TED DAY 4840 N. CURLEW PLACE EAGLE ID 83616		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
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"/>					
5. Organized Under the Laws of:		6.			
IDAHO W 12154		Signature:  Name (type or print): <u>Ted Day</u>			
		Date: <u>10/10/14</u> Title: <u>Manager</u>			

Issued 10/10/2014 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM