| No. W 73919 | | Due no later than May 31, 2011 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|---|---|--|----------------------|--------------------------|----------------------------------|
| Return to: | | Annual Report Form | | ROBERT B FAULL 4103 HILLCREST DR BOISE ID 83705 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF | | 1. Mailing Address: Correct in this box if needed. IDAHO RECLAMATION GROUP LLC ROBERT B FAULL PO BOX 470 GARDEN VALLEY ID 83622 | | | | | |
| 4 Limited Liability Compan | | nes and Addresses of at | t least one Member or Manager. | | | | |
| Office Held | Name | nes and hadresses of a | Street or PO Address | City | State | Country | Postal Code |
| MANAGER MANAGER MANAGER MANAGER | SCOTT R JORGENSEN ROGER K JORGENSEN PAUL E WARNER ROBERT B FAULL | | 3313 BROWN ST STE 1 2259 N STONECREST PL 4700 E BOISE RIVER LN 4103 HILLCREST DR | GARDEN CITY EAGLE BOISE BOISE | ID ID ID ID | USA USA USA USA | 83714 83616 83716 83705 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 73919 | | Signature: Robert B Faull | | Date: 05/19/2011 | | | |
| | | Name (type or print): Robert B Faull | | Title: Manager | | | |
| Processed 05/19/2011 | | * Electronically provided | d signatures are accepted as original si | gnatures. | • | | |