

No. W 83670	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010	2. Registered Agent and Office (NOT A P.O. BOX) EMILY ERNST 1028 GOLD HILL RD PRINCETON ID 83857												
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. NORTH PASS INDUSTRIES LLC PO Box 14 1028 GOLD HILL RD PRINCETON ID 83857	3. <u>New</u> Registered Agent Signature.												
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.														
<table style="width: 100%; border: none;"> <tr> <th style="text-align: left;">Manager or <u>Member</u></th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>			Manager or <u>Member</u>	Name	Street or PO Address	City	State	Country	Postal Code					
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Manager Member (circle one)														
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 83670</div>	6. <table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border-bottom: 1px solid black;"> Signature: <i>Emily Ernst</i> </td> <td style="width: 30%; border-bottom: 1px solid black;"> Date: 8/9/11 </td> </tr> <tr> <td style="border-bottom: 1px solid black;"> Name (type or print): Emily Ernst </td> <td style="border-bottom: 1px solid black;"> Title: co-owner </td> </tr> </table>		Signature: <i>Emily Ernst</i>	Date: 8/9/11	Name (type or print): Emily Ernst	Title: co-owner								
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Issued 08/04/2011 by LIC														

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.

Note: To ensure future mailings, the corrected address **must** 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 Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Circle either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** **Do not** put "same as last year" or "same as above". These will not be accepted.

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

Block 6: 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.