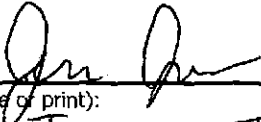
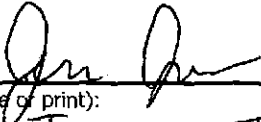
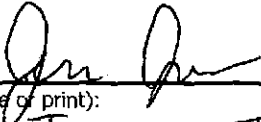


No. W 57847	Reinstatement Annual Report Form ADMIN DISSOLVED 04/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) JEREMY JOHNSON 704 5TH STREET KAMIAH ID 83536
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. JOHNSON FOREST PRODUCTS LLC JEREMY JOHNSON 704 5TH STREET PO Box 1462 GRANGEVILLE ID 83536 Kamiah, ID <div style="text-align: right;">83536</div>		3. <u>New</u> Registered Agent Signature.

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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Allen Gene Johnson	PO Box 574	Grangeville	ID	USA	83530
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jeremy Johnson	PO Box 1462	Kamiah	ID	USA	83536
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 57847 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>4/6/15</u> </td> </tr> <tr> <td> Name (type or print): <u>Jeremy Johnson</u> </td> <td> Title: <u>Member</u> </td> </tr> </table>	Signature: 	Date: <u>4/6/15</u>	Name (type or print): <u>Jeremy Johnson</u>	Title: <u>Member</u>
Signature: 	Date: <u>4/6/15</u>				
Name (type or print): <u>Jeremy Johnson</u>	Title: <u>Member</u>				

Issued 03/26/2015 by JLI