



No. W 116970	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) NICK SCHLEKEWAY 3462 W MOON LAKE ST MERIDIAN ID 83646 Nick Schlekeaway 372 S. Eagle RD #304 Eagle, ID 83616
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. GREEN RIVER PROJECTS LLC NICK SCHLEKEWAY 372 S EAGLE RD #304 EAGLE ID 83616		3. New 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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Nick Schlekeaway	372 S. Eagle RD # 304	Eagle ID U.S.A. 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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 116970 </div>		6. Signature:  <hr/> Name (type or print): Nick Schlekeaway	
		Date: 1-7-14 <hr/> Title: Manager	