


No. W 100215 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) NEIL WALTER 3694 N ALPALFA LOOP POST FALLS ID 83854 2501 SHERMAN AVE #418 COEUR D'ALENE, ID 83814
	1. Mailing Address: Correct in this box if needed. HIGHER GROUND RESOURCES, LLC RANDY L RICE PO BOX 352 DRUMMOND MT 59832 912 W. SOMEDAY LANE COEUR D'ALENE, ID 83814	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"/> Randy L. Rice 912 Someday Lane COEUR D'ALENE, ID USA 83814			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Lynette M. Rice 912 Someday Lane COEUR D'ALENE, ID USA 83814			
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-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 100215</div>	6. Signature:  Date: <u>2/18/16</u> Name (type or print): <u>Randy L. Rice</u> Title: <u>Member</u>		
Issued 02/17/2016 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the