


No. <b>C 185249</b>	<b>Reinstatement Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> ALPINE ELK RANCH INC 141 PARR RD PRIEST RIVER ID 83856	LEONARD S SCHULTE CPA 6913 MAIN ST BONNERS FERRY ID 83805															
		3. <u>New</u> Registered Agent Signature.															
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>PRESIDENT</td><td>NORMAN BROWNE</td><td>141 PARR RD</td><td>PRIEST RIVER</td><td>ID</td><td>Banner</td><td>83856</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	NORMAN BROWNE	141 PARR RD	PRIEST RIVER	ID	Banner	83856
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
PRESIDENT	NORMAN BROWNE	141 PARR RD	PRIEST RIVER	ID	Banner	83856											
5. Organized Under the Laws of:  <b>IDAHO C 185249</b>	6. Signature:  Name (type or print): <b>NORMAN D. BROWNE</b>			Date: <b>2-24-14</b> Title: <b>PRESIDENT</b>													
Issued 02/24/2014 by online																	

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**