No. W 18863 Return to:	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010	2. Registered Agent and Office (NOT A P.
SECRETARY OF STATE	1. Mailing Address G	MICHAEL R CHAPMAN
450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	Mailing Address: Correct in this box if needed. PLM LAND CO., LLC	2100 NORTHWEST BLVD STE 230 COEUR D'ALENE ID 83814
	PO BOX 3604 HAYDEN ID 83835	3 New Park
REINSTATEMENT		3. <u>New</u> Registered Agent Signature.
FEE DUE: \$30.00		
Limited Liability Companie	s: Enter Names and Addresses of Managers OR Members.	•
Office Held Name	5: Enter Names and Addresses of Managers on the	
vame	or managers OK Members.	
Manager Pe	Street or PO Address Trystee - A PO R	City State Country Postal Code Vorm 8 roe Family TW
Manager Pe	Enter Names and Addresses of Managers OR Members. Street or PO Address Trustee - A PO. Box 303	long state country Postal Code long groe Famby To Haylor Eld 83815
Manager Re	Street or PO Address Her Marrisarie, Trustee - A P.O. Box 303	city State Country Postal Code lorn 8 roe Family Th Haylor Bil 83815
Manager Re	Street or PO Address ter Marrisrie, Trustee - 1 PO. Box 303	lorn groe Family To Haylor Ell 83815
Manager Re	ter Marrisrie, Trustee - 1 P.O. Box 303	any state country Postal Code lorn 8 roe Family Tr Haylor Eld 83815
MANAGER Re-	ter Marrisrie, Trustee - 1 P.O. Box 303	any State country Postal Code lorn 8 roe Family Th Haylor Bil 83815
Prganized Under the Laws of:	ter Marrisrie, Trustee - 1 P.O. Box 303	
Manager Re	6. Signature: Name (type or print)	Date: Colonia

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the melling 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.