

No. W 61234 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 07/11/2012 1. Mailing Address: Correct in this box if needed. W. RIVER RANCH, LLC ROBERT W FITZGERALD 5013 SOUTH 2400 WEST 2303 SO 2400 W WESTON ID 83286 USA	2. Registered Agent and Office (NOT A P.O. BOX) ROBERT W FITZGERALD 5013 S 2400 W WESTON ID 83286 3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JOHN W. FITZGERALD</td> <td>2303 SO 2400 W</td> <td>WESTON</td> <td>ID</td> <td>USA</td> <td>83263</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ROBERT W. FITZGERALD</td> <td>2303 SO 2400 W</td> <td>WESTON</td> <td>ID</td> <td>USA</td> <td>83263</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JOHN W. FITZGERALD	2303 SO 2400 W	WESTON	ID	USA	83263	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ROBERT W. FITZGERALD	2303 SO 2400 W	WESTON	ID	USA	83263	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 61234	6. Signature: <u>Robert W. Fitzgerald</u> Date: <u>1-3-2013</u> Name (type or print): <u>ROBERT W. FITZGERALD</u> Title: <u>MEMBER</u>																																				

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