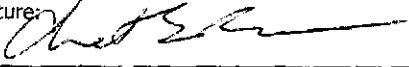
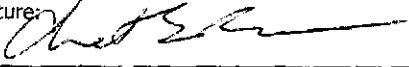
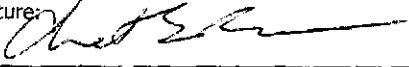


No. W 4047	Reinstatement Annual Report Form ADMIN DISSOLVED 08/25/2015		2. Registered Agent and Office (NOT A P.O. BOX) CHET BRUDERER 5775 EDEN ST CHUBBUCK ID 83202																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00				1. Mailing Address: Correct in this box if needed. ROCKY MOUNTAIN PACK SYSTEMS L.L.C. CHET E BRUDERER 5775 EDEN ST CHUBBUCK ID 83202 USA																																		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Chet E. Bruderer</td> <td>5775 EDEN ST.</td> <td>CHUBBUCK</td> <td>ID</td> <td>83202</td> <td></td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Elizabeth Bruderer</td> <td>5775 EDEN ST.</td> <td>CHUBBUCK</td> <td>ID</td> <td>83202</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> <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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Chet E. Bruderer	5775 EDEN ST.	CHUBBUCK	ID	83202		Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Elizabeth Bruderer	5775 EDEN ST.	CHUBBUCK	ID	83202		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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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