

No. W 80321		Due no later than Jan 31, 2010 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FOREST HEALTH RECLAMATION, LLC LARRY E PLUID PO BOX 29 LACLEDE ID 83841-0029 USA		SHAWN C NUNLEY 912 E SHERMAN AVE COEUR D'ALENE ID 83814			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	GARY N JORGENSON	PO BOX 29 14071 HWY 2 W	LACLEDE	ID	USA	83841-0029	
MEMBER	LARRY E PLUID	PO BOX 388 21338 CIRCLE RD	RATHDRUM	ID	USA	83858	
5. Organized Under the Laws of: ID W 80321		6. Annual Report must be signed.* Signature: Larry Pluid Name (type or print): Larry Pluid Date: 11/24/2009 Title: President					
Processed 11/24/2009 * Electronically provided signatures are accepted as original signatures.							