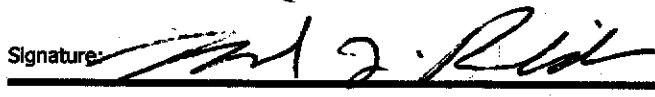


**FILED EFFECTIVE**

<b>No. W 65354</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  YOSTMARK BACKCOUNTRY TOURS LLC  <del>BOX 1114</del> 716 BUFFALO TRAIL DRIGGS ID 83422	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> RICHARD L RINALDI <del>Kathryn M.</del> 716 BUFFALO TRAIL DRIGGS ID 83422  <b>3. New Registered Agent Signature.</b> <del>Kathryn M. Rinaldi</del>				
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.</b>						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	RICHARD L. RINALDI	716 BUFFALO TRAIL	DRIGGS	ID	USA	83422
MANAGER	Kathryn M. Rinaldi	716 BUFFALO TRAIL	DRIGGS	ID	USA	83422
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">IDAHO W 65354</div>		<b>6.</b> Signature:  <hr/> Name (type or print): RICHARD L. RINALDI <hr/> <div style="display: flex; justify-content: space-between;"> <span>Date: 3/22/2010</span> <span>Title: MAN.</span> </div>				
Issued 03/16/2010 by SL1						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Pay special attention to the mailing 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.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.