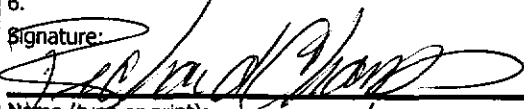


No. W 94382	Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012		2. Registered Agent and Office (NOT A P.O. BOX) RICHARD CHAMP 120 5TH ST FILER ID 83328
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BEAR PAW HERBALS LLC RICHARD CHAMP PO BOX 642 FILER ID 83328 USA		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Richard Champ</i> <i>PO Box 642</i> <i>Filer</i> <i>ID</i> <i>Turn Falls</i> <i>83328</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 94382 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <i>Richard Champ</i> </div> <div style="width: 35%;"> Date: <i>10/27/12</i> Title: <i>owner</i> </div> </div>	
Issued 10/19/2012 by SLD			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM