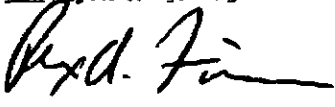
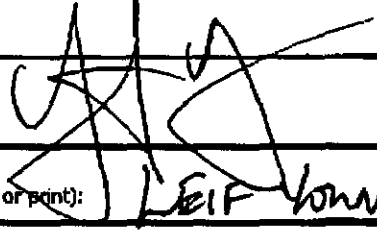
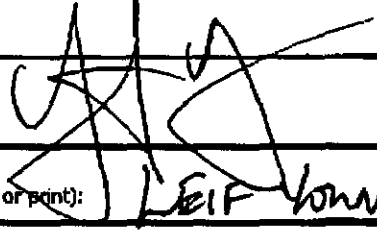
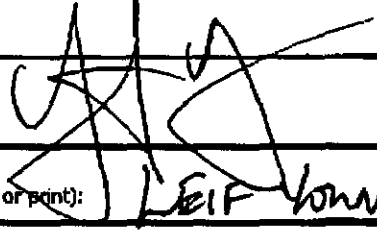


FILED EFFECTIVE

No. W 60705 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 06/05/2008 1. Mailing Address: Correct in this box if needed. PRIEST RIVER, LLC c/o Rex A. Finney 205 MAIN ST- 120 E. Lake St. Ste 317 PRIEST RIVER ID-83856 Sandpoint, ID 83864	2. Registered Agent and Office (NOT A P.O. BOX) LEIF YOUNGBERG Rex A. Finney 205 MAIN ST 120 E. Lake St. Ste 317 PRIEST RIVER ID-83856 Sandpoint, ID 83864 3. New Registered Agent Signature. 														
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 Member (circle one)</td> <td>Leif Youngberg</td> <td>18 Maria Pia Lane</td> <td>Sagle, ID</td> <td>USA</td> <td></td> <td>83860</td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)	Leif Youngberg	18 Maria Pia Lane	Sagle, ID	USA		83860
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5. Organized Under the Laws of: IDAHO W 60705	6. <table border="1"> <tr> <td>Signature:</td> <td></td> <td>Date:</td> <td>11/10/11</td> </tr> <tr> <td>Name (type or print):</td> <td>LEIF YOUNGBERG</td> <td>Title:</td> <td>MANAGER</td> </tr> </table>		Signature:		Date:	11/10/11	Name (type or print):	LEIF YOUNGBERG	Title:	MANAGER						
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Issued 11/01/2011 by LJC																