No. C 185249	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** ALPINE ELK RANCH INC LEONARD S SCHULTE CPA ~~6913 MAIN ST~~ ~~BONNERS FERRY ID 83805~~ 141 Parr Rd Priest River ID 83856	LEONARD S SCHULTE CPA 6913 MAIN ST BONNERS FERRY ID 83805
REINSTATEMENT FEE **DUE:** $30.00		3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
President	Norman Browne	141 Parr Rd	Priest River	ID	USA	83856
Director	Jared N. Browne	141 Parr Rd	Priest River	ID	USA	83856
Director	Justin D. Browne	141 Parr Rd	Priest River	ID	USA	83856

5. Organized Under the Laws of:	6. Signature:	Date:
IDAHO C 185249		8-4-12
	Name (type or print): Norman D. Browne	Title: President

Issued 08/01/2012 by PEH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM