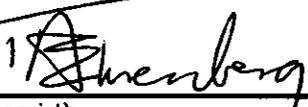
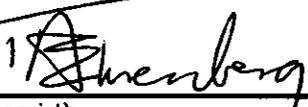
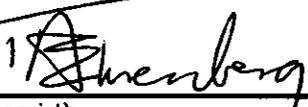


No. <b>W 66035</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ROBERT KORB 128 SADDLE RD STE 103 KETCHUM ID 83340																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> 217 N. RIVER STREET, LLC THOMAS A. EHRENBERG 1314 S GRAND BLVD #2-170 SPOKANE WA 99202 USA		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>THOMAS EHRENBERG</td> <td>1314 S. GRAND BLVD # 2-170</td> <td>Spokane,</td> <td>WA</td> <td></td> <td>99202</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	THOMAS EHRENBERG	1314 S. GRAND BLVD # 2-170	Spokane,	WA		99202	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO W 66035</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: </td> <td style="width: 30%;">Date: <u>1-14-14</u></td> </tr> <tr> <td>Name (type or print): <u>THOMAS EHRENBERG</u></td> <td>Title: <u>PRES.</u></td> </tr> </table>			Signature: 	Date: <u>1-14-14</u>	Name (type or print): <u>THOMAS EHRENBERG</u>	Title: <u>PRES.</u>																															
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Issued 01/07/2014 by SLD

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM