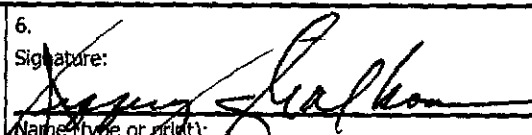


No. <b>W 17630</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/10/2014</b>		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. EAGLE ROCK HOSPITALITY L.L.C. <del>JEFFERY L JOHNSON</del> <b>JEFFERY WALBOM</b> <del>1293 W BROADWAY</del> <b>2530 N 35 W</b> IDAHO FALLS ID 83402		<b>JEFFERY C WALBOM</b> <del>1293 W BROADWAY</del> <b>2530 N 35 W</b> IDAHO FALLS ID 83402
		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	<b>JEFFERY C WALBOM</b>	<b>2530 N 35 W</b>	<b>IDAHO FALLS ID USA 83402</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<b>KIRK R HANSEN</b>	<b>2738 Honeysuckle RD</b>	<b>IDAHO FALLS ID USA 83402</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<b>C JAMES HANSEN</b>	<b>5884 S. AMERICA RD</b>	<b>IDAHO FALLS ID USA 83406</b>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<b>JAMES D. HANSEN</b>	<b>2107 ROSS AVE</b>	<b>IDAHO FALLS ID USA 83406</b>
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 17630</b>		6. Signature:  Date: <b>9-30-15</b> Name (type or print): <b>JEFFERY C WALBOM</b> Title: <b>Managing Member</b>	
Issued 09/30/2015 by online			

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**