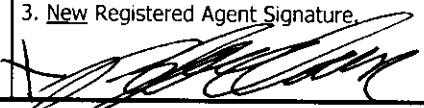
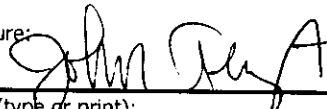


No. W 49749	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2009		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL R JONES 500 N 13TH ST BOISE ID 83702 <i>Blair Clark</i> <i>1513 Tyrell Lane</i> <i>STE 130</i> <i>Boise ID 83706</i>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. LOST RIVER PRODUCTS, LLC 2050 RUSSETT WAY CARSON CITY NV 89703 730 W. Ustick RD STE. 130 MERIDIAN IDAHO 83646		3. New 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"/>	JOHN TENZA 730 W. USTICK RD STE 130 MERIDIAN ID		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JET & SONS Limited Partnership 730 W. USTICK RD STE. 130 MERIDIAN ID 83646		
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 49749 </div>		6. Signature:  Name (type or print): <u>JOHN TENZA</u> Date: <u>2-4-15</u> Title: <u>MANAGER</u>	
Issued 02/04/2015 by SLD			