

No. <b>W 103860</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CINDY DEMERS 25 HARBOR VIEW DR SAGLE ID 83860																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> EAGLE'S LANDING, L.L.C. 25 HARBOR VIEW DR SAGLE ID 83860		3. <u>New</u> Registered Agent Signature.																																				
<b>REINSTATEMENT FEE DUE: \$30.00</b>																																							
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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Cindy Demers</td> <td>25 Harbor View</td> <td>Sagle ID</td> <td></td> <td></td> <td>83860</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DAN FARMIN</td> <td>P.O. Box 250</td> <td>Priest River ID</td> <td></td> <td></td> <td>83886</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Rob Farmm</td> <td>P.O. Box 402</td> <td>Priest River ID</td> <td></td> <td></td> <td>83886</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Kris Salesky</td> <td>P.O. Box 352</td> <td>Laclede ID</td> <td></td> <td></td> <td>83841</td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Cindy Demers	25 Harbor View	Sagle ID			83860	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DAN FARMIN	P.O. Box 250	Priest River ID			83886	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Rob Farmm	P.O. Box 402	Priest River ID			83886	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Kris Salesky	P.O. Box 352	Laclede ID			83841
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5. Organized Under the Laws of:  <b>IDAHO W 103860</b>		6. Signature: <u>Cindy Demers</u> Date: <u>1-16-13</u> Name (type or print): <u>CINDY DEMERS</u> Title: _____																																					

Issued 10/26/2012 by KAH

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**