

<b>No. W 103860</b>	<b>Reinstatement Annual Report Form</b> <b>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  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	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.
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 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      83856			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Rob Farm      P.O. Box 402      Priest River ID      83856			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Kris Salesky      P.O. Box 352      Laclede ID      83841			
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO              W 103860           </div>		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