		<del></del>					
No. C 144804	ADMIN DISSOLVED 10/06/2009			Registered Agent and Office (NOT A P.O. BOX)  MASON R.V. KIEBERT			
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  K-BEAR RIVER ADVENTURES, INC.  MASON R.V. KIEBERT  174 DELTA VIEW  HOPE ID 83836		1	HOPE ID 83836			
			3. <u>New</u> Reg	3. <u>New</u> Registered Agent Signature.			
REINSTATEMENT FEE DUE: \$30.00			1			_	
4. Corporations: Enter Name Office Held Nam	es and Business Addresses of Pr ie Stre	resident, Secretary, Direct eet or PO Address	tors and(optiona City	i) Treasurer State	r. Country	Postal Code	
President / Direct	or Mosan Krebet	174 pelta Vu	•	ID	<b>B</b> .SA	<b>838</b> 36	
Secietary	Beiky Kirbot	174 Rolle Var.	Dr. Hope	ID	usa	83336	
, we consider							
5. Organized Under the Law	vs of: 6. Signature: ${\cal M}$	. Hielest			Date:	10-20-09	
C 144804	Name (type or print):	Mason Kie	bert		Title:	Pridet	
Issued 10/14/2009 by CLH							

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the malling address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.** 

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of president, secretary, and directors. Note: <u>Do not</u> put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the corporation. Print or type the name of the signer below the signature.