


| No. <b>W 126582</b>  | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 09/22/2015</b>   |                      | <b>2. Registered Agent and Office</b><br><b>(NOT A P.O. BOX)</b>   |                   |         |                      |      |       |         |             |   |                |                 |              |    |       |     |   |                  |                 |              |    |       |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|----------------------|--|-------------------|---------|----------------------|------|-------|---------|-------------|---|----------------|-----------------|--------------|----|-------|-----|---|------------------|-----------------|--------------|----|-------|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>  | <b>1. Mailing Address: Correct in this box if needed.</b><br>SNAKE RIVER MEDIA LLC<br>L. KIM HANSON<br>2022 GLADYS DR<br>IDAHO FALLS ID 83401 USA  |                      | L KIM HANSON<br>2022 GLADYS DR<br>IDAHO FALLS ID 83401<br><br><b>3. <u>New</u> Registered Agent Signature.</b> |                   |         |                      |      |       |         |             |   |                |                 |              |    |       |     |   |                  |                 |              |    |       |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>   |  |                      |  |                   |         |                      |      |       |         |             |   |                |                 |              |    |       |     |   |                  |                 |              |    |       |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>L. Kim Hanson,</td> <td>2022 Gladys Dr,</td> <td>Idaho Falls,</td> <td>ID</td> <td>83401</td> <td>USA</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Marcy S. Hanson,</td> <td>2022 Gladys Dr,</td> <td>Idaho Falls,</td> <td>ID</td> <td>83401</td> <td>USA</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |  |                      |  | Manager or Member | Name    | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | L. Kim Hanson, | 2022 Gladys Dr, | Idaho Falls, | ID | 83401 | USA | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Marcy S. Hanson, | 2022 Gladys Dr, | Idaho Falls, | ID | 83401 | USA | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member  | Name   | Street or PO Address | City   | State             | Country | Postal Code          |      |       |         |             |   |                |                 |              |    |       |     |   |                  |                 |              |    |       |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>  | L. Kim Hanson,   | 2022 Gladys Dr,      | Idaho Falls,   | ID                | 83401   | USA                  |      |       |         |             |   |                |                 |              |    |       |     |   |                  |                 |              |    |       |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>  | Marcy S. Hanson,   | 2022 Gladys Dr,      | Idaho Falls,   | ID                | 83401   | USA                  |      |       |         |             |   |                |                 |              |    |       |     |   |                  |                 |              |    |       |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |                      |  |                   |         |                      |      |       |         |             |   |                |                 |              |    |       |     |   |                  |                 |              |    |       |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |                      |  |                   |         |                      |      |       |         |             |   |                |                 |              |    |       |     |   |                  |                 |              |    |       |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5. Organized Under the Laws of:</b><br><br><b>IDAHO</b><br><b>W 126582</b>  | <b>6.</b><br>Signature: <br>Date: <u>10/15/2015</u><br>Name (type or print): <u>L. Kim Hanson</u><br>Title: <u>Manager</u> |                      |  |                   |         |                      |      |       |         |             |   |                |                 |              |    |       |     |   |                  |                 |              |    |       |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Issued 09/23/2015 by online  |  |                      |  |                   |         |                      |      |       |         |             |   |                |                 |              |    |       |     |   |                  |                 |              |    |       |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |