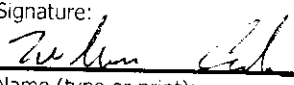


No. W 106764	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM CORDER 1431 MOUNTAIN RD GRACE ID 83241
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. CORDER VALLEY VENTURES LLC WILLIAM CORDER 1431 MOUNTAIN RD GRACE ID 83241		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 checked="" type="checkbox"/> Member <input type="checkbox"/> William Corder 1431 Mountain Rd Grace ID Caribou 35241			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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 106764 </div>		6. Signature: <u></u> Name (type or print): <u>William Corder</u> Date: <u>11/10/15</u> Title: <u>Owner</u>	
Issued 12/22/2014 by SLD			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

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