No. W 70182	Reinstatement Annual Report Form ADMIN DISSOLVED 04/15/2013	2. Registered Agent and Office **(NOT A P.O. BOX)** BART COCHRAN ~~1300 N STATE ST STE 103~~ ~~EAGLE ID 83616~~
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** CREI MEADOWS, LLC BART COCHRAN ~~1300 N STATE ST STE 103~~ 1222 S. Vista Ave ~~EAGLE ID 83616~~ Boise ID 83705	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

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 ☐ Member ☒	Clearwater REI, LLC	1222 S Vista Ave	Boise	ID		83705
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 70182	Signature: Lori K Fischer — Date: 5/2/13 Name (type or print): Lori K Fischer — Title: Controller

Issued 05/02/2013 by LJC

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM