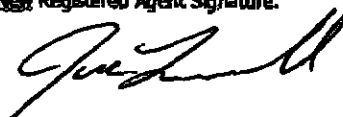


FILED EFFECTIVE

No. W 79405 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011 1. Mailing Address: Correct in this box if needed. ISLAND SKI AND BOARD SHOP, LLC STEVE L BISHOP 101 N 2ND STREET COEUR D ALENE ID 83814	2. Registered Agent and Office (NOT A P.O. BOX) <u>Joe Lovell</u> STEVE L BISHOP <u>101 N 2nd ST</u> 909 E SHADOW WOOD LN COEUR D ALENE ID 83815 <u>83814</u> 3. New Registered Agent Signature. 														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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><u>Member</u></td> <td>Joe Lovell</td> <td>101 N 2nd ST</td> <td>Coeur d Alene</td> <td>ID</td> <td>Kathlamet</td> <td>83814</td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<u>Member</u>	Joe Lovell	101 N 2nd ST	Coeur d Alene	ID	Kathlamet	83814
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code										
<u>Member</u>	Joe Lovell	101 N 2nd ST	Coeur d Alene	ID	Kathlamet	83814										
5. Organized Under the Laws of: IDAHO W 79405	6. Signature:  Date: <u>4/13/11</u> Name (type or print): <u>Joe Lovell</u> Title: <u>Member</u>															
Issued 04/07/2011 by KAH																