No. C 91061	Due no later than Dec 31, 2014 Annual Report Form	Registered Agent and Office (NOT A P.O. BOX) MARYE BARKER
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BARKER RIVER TRIPS, INC. MARYE BARKER 2124 GRELLE LEWISTON ID 83501	2124 GRELLE AVE LEWISTON ID 83501
NO FILING FEE IF RECEIVED BY DUE DATE		3. <u>New</u> Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. Office Held Name Street or PO Address City State Country, A Postal Code Director Marye' Barker 2124 Grelle Ave Lewiston ID Nezferce 8350/ Director Jacques Barker 3976 21st st Lewiston ID USA 8350/ Treasury Marye' K. Barker 2124 Grelle Ave Lewiston, ID USA 83638 Secretary Devon Barker 1005 Woody Ave Melali, ID USA 83638 Pusident Marye Barker 2124 Grelle Ave Lewiston, ID USA 8350/ Pusident Marye Barker 2124 Grelle Ave Lewiston, ID USA 8350/		
5. Organized Under the La IDAHO	Signature: Hayl Carke	Date: 11-18-19
C 91061	Name (type or print): Navve, Barke	Title: Pros ent

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

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Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the

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