

No. W 1365	Reinstatement Annual Report Form ADMIN DISSOLVED 10/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) RICHARD HANSEN 17290 LIMEKILN RD BAYVIEW ID 83803																																			
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. BITTER END MARINA, L.L.C. RICHARD HANSEN PO BOX 268 BAYVIEW ID 83803		3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" data-bbox="185 467 1446 767"> <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>Richard Hansen</td> <td>P.O. Box 8</td> <td>Bayview</td> <td>ID</td> <td>US</td> <td>83803</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Greg Hansen</td> <td>690 Manchester</td> <td>Rathdrum</td> <td>ID</td> <td>US</td> <td>83858</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Chris Hansen</td> <td>P.O. Box 595</td> <td>Bayview</td> <td>ID</td> <td>US</td> <td>83803</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Cami Hansen</td> <td>P.O. Box 508</td> <td>Bayview</td> <td>ID</td> <td>US</td> <td>83803</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"/>	Richard Hansen	P.O. Box 8	Bayview	ID	US	83803	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Greg Hansen	690 Manchester	Rathdrum	ID	US	83858	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Chris Hansen	P.O. Box 595	Bayview	ID	US	83803	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Cami Hansen	P.O. Box 508	Bayview	ID	US	83803
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Richard Hansen	P.O. Box 8	Bayview	ID	US	83803																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Greg Hansen	690 Manchester	Rathdrum	ID	US	83858																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Chris Hansen	P.O. Box 595	Bayview	ID	US	83803																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Cami Hansen	P.O. Box 508	Bayview	ID	US	83803																																
5. Organized Under the Laws of: IDAHO W 1365	6. Signature: <u>Cami Hansen</u> Name (type or print): <u>Cami Hansen</u>		Date: <u>11/15/15</u> Title: <u>Member</u>																																			
Issued 11/05/2015 by JLI																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the present information out and enter the new information in Block 2.