

No. W 6150	Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) ED POMMERENING 108 MITCH WAY KINGSTON ID 83839							
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. RIVERVIEW TIMBER SERVICES LLC PO BOX 369 PINEHURST ID 83850		3. <u>New</u> Registered Agent Signature.							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Ed Pommerening 108 Mitch Way Kingston Id. 83839</i>									
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Sandra Pommerening 108 Mitch Way Kingston Id. 83839</i>									
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-size: large;"> IDAHO W 6150 </div>		6. Signature: Name (type or print): <i>Ed Pommerening</i>		Date: <i>18 Feb 2014</i> Title: <i>Manager</i>						
Issued 02/10/2014 by SLD										