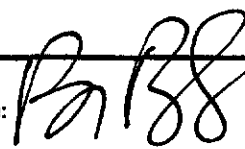


No. W 3807	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) PAUL W DAUGHARTY ATTY 110 WALLACE AVE COEUR D'ALENE ID 83814																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. RIVERVIEW LANDSCAPE COMPANY, L.L.C. CAROL HRUSKA 6064 N GOVERNMENT WAY COEUR D ALENE ID 83815 USA		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>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>BRUCE RAMSEYER</td> <td>6064 N. GOVERNMENT</td> <td>CDA</td> <td>ID</td> <td>KOOT</td> <td>83815</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>JAY SUMNER</td> <td>6064 N. GOVERNMENT</td> <td>CDA</td> <td>ID</td> <td>KOOT</td> <td>83815</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	BRUCE RAMSEYER	6064 N. GOVERNMENT	CDA	ID	KOOT	83815	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	JAY SUMNER	6064 N. GOVERNMENT	CDA	ID	KOOT	83815	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 3807		6. Signature:  Date: 6/16/12 Name (type or print): Bruce Ramseyer Title: Member																																				

Issued 06/15/2012 by JL1

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.