

No. W 99474	Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) JOHN B WINTON 501 S EUCLID AVE SANDPOINT ID 83864	
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. BREAKWATER EXPEDITIONS, LLC JOHN B WINTON 1305 HIGHWAY 2 WEST SUITE C SANDPOINT ID 83864	3. New Registered Agent Signature.		
REINSTATEMENT FEE DUE: \$30.00				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager or Member	Name	Street or PO Address	City State Country Postal Code	
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Lars Hall	615 N G th Ave	Sandpoint, ID	83864
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Todd McRibben	554 Upper Schuds Rd	"	"
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	John Winton	210 W Eggle Creek Dr. Sogel	ID	83860
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of:	6.			Date:
IDAHO W 99474	Signature:  Name (type or print): <u>Lars Hall</u>			10-6-16
				Title: <u>owner/Director</u>

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