

| No. <b>W 99474</b>   | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 04/21/2015</b>   |                           | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>JOHN B WINTON<br>501 S EUCLID AVE<br>SANDPOINT ID 83864 |                   |                      |   |                                 |       |         |             |  |           |                           |            |    |  |       |  |                |                    |   |   |  |   |  |             |                       |      |    |  |       |  |  |  |  |  |  |  |
|--|--|---------------------------|--|-------------------|----------------------|---|---------------------------------|-------|---------|-------------|--|-----------|---------------------------|------------|----|--|-------|--|----------------|--------------------|---|---|--|---|--|-------------|-----------------------|------|----|--|-------|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>  | 1. <b>Mailing Address: Correct in this box if needed.</b><br>BREAKWATER EXPEDITIONS, LLC<br>JOHN B WINTON<br>1305 HIGHWAY 2 WEST<br>SUITE C<br>SANDPOINT ID 83864  |                           | 3. <u>New</u> Registered Agent Signature.  |                   |                      |   |                                 |       |         |             |  |           |                           |            |    |  |       |  |                |                    |   |   |  |   |  |             |                       |      |    |  |       |  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.  |  |                           |  |                   |                      |   |                                 |       |         |             |  |           |                           |            |    |  |       |  |                |                    |   |   |  |   |  |             |                       |      |    |  |       |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Lars Hall</td> <td>615 N G<sup>th</sup> Ave</td> <td>Sandpoint,</td> <td>ID</td> <td></td> <td>83864</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Todd Hickibben</td> <td>554 Upper Sands Rd</td> <td>"</td> <td>"</td> <td></td> <td>"</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>John Winton</td> <td>210 W Eagle Creek Dr.</td> <td>Sage</td> <td>ID</td> <td></td> <td>83860</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 checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> | Lars Hall | 615 N G <sup>th</sup> Ave | Sandpoint, | ID |  | 83864 | Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> | Todd Hickibben | 554 Upper Sands Rd | " | " |  | " | Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> | John Winton | 210 W Eagle Creek Dr. | Sage | ID |  | 83860 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| 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 <sup>th</sup> Ave | Sandpoint,   | ID                |                      | 83864                                     |                                 |       |         |             |  |           |                           |            |    |  |       |  |                |                    |   |   |  |   |  |             |                       |      |    |  |       |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>   | Todd Hickibben   | 554 Upper Sands Rd        | "  | "                 |                      | "   |                                 |       |         |             |  |           |                           |            |    |  |       |  |                |                    |   |   |  |   |  |             |                       |      |    |  |       |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>   | John Winton  | 210 W Eagle Creek Dr.     | Sage   | ID                |                      | 83860                                     |                                 |       |         |             |  |           |                           |            |    |  |       |  |                |                    |   |   |  |   |  |             |                       |      |    |  |       |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>   |  |                           |  |                   |                      |   |                                 |       |         |             |  |           |                           |            |    |  |       |  |                |                    |   |   |  |   |  |             |                       |      |    |  |       |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b><br/> <b>W 99474</b> </div>   | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">           Signature:  </td> <td style="width: 40%; padding: 5px;">           Date: <u>10-6-16</u> </td> </tr> <tr> <td style="padding: 5px;">           Name (type or print):<br/> <u>Lars Hall</u> </td> <td style="padding: 5px;">           Title:<br/> <u>owner/director</u> </td> </tr> </table> |                           |  | Signature:        | Date: <u>10-6-16</u> | Name (type or print):<br><u>Lars Hall</u> | Title:<br><u>owner/director</u> |       |         |             |  |           |                           |            |    |  |       |  |                |                    |   |   |  |   |  |             |                       |      |    |  |       |  |  |  |  |  |  |  |
| Signature:   | Date: <u>10-6-16</u>   |                           |  |                   |                      |   |                                 |       |         |             |  |           |                           |            |    |  |       |  |                |                    |   |   |  |   |  |             |                       |      |    |  |       |  |  |  |  |  |  |  |
| Name (type or print):<br><u>Lars Hall</u>  | Title:<br><u>owner/director</u>  |                           |  |                   |                      |   |                                 |       |         |             |  |           |                           |            |    |  |       |  |                |                    |   |   |  |   |  |             |                       |      |    |  |       |  |  |  |  |  |  |  |
| Issued 09/28/2016 by online  |  |                           |  |                   |                      |   |                                 |       |         |             |  |           |                           |            |    |  |       |  |                |                    |   |   |  |   |  |             |                       |      |    |  |       |  |  |  |  |  |  |  |