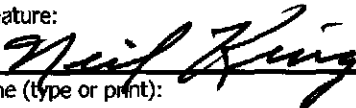


No. W 17624	Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) NEIL KING 1710 OVERLAND AVE BURLEY ID 83318			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. RIO VISTA EQUIPMENT, LLC NEIL KING PO BOX 1204 BURLEY ID 83318 USA		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.						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	NEIL KING	PO BOX 1204	BURLEY	ID	USA	83318
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	THOMAS RUDY	PO BOX 1204	BURLEY	ID	USA	83318
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: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 17624</div>		6. Signature:  Name (type or print): <u>NEIL KING</u>			Date: <u>4-28-2015</u> Title: <u>MANAGER</u>	
Issued 04/27/2015 by online						

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.