

No. W 80102		Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) SUSAN BAUWENS- J. Tryon, Trustee 209 PARKWAY DR KETCHUM ID 83340	
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. 560 WASHINGTON AVENUE NORTH, LLC SUSAN BAUWENS J. Tryon, Trustee PO BOX 3489 KETCHUM ID 83340		3. New Registered Agent Signature. <i>Susan J. Tryon</i>	
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
<u>Manager</u> Member (circle one)					
	Susan J. Tryon, Trustee of the Declaration of Trust Established by Susan J. Tryon, formerly known as Susan J. Bauwens	P.O. Box 3489	Ketchum	ID	USA 83340
5. Organized Under the Laws of:		6.			
IDAHO W 80102		Signature: <i>Susan J. Tryon</i>		Date: 4/13/11	
		Name (type or print): Susan J. Tryon		Title: Trustee	
Issued 04/06/2011 by CLH					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct 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.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.