



No. W 131719	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016		2. Registered Agent and Office (NOT A P.O. BOX) JOSEPH L MORTON III 132 SW 5TH AVE STE 150 MERIDIAN ID 83642 Reid Olson 132 SW 5th Ave Ste 100 Meridian ID 83642
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. HIGH RIVER MANAGEMENT, LLC 1112 W MAIN ST STE 101 BOISE ID 83702 PO Box 10117 Boise ID 83707		3. New Registered Agent Signature. 
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"/> Dianna Velder PO Box 10117 Boise ID US 83707			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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-weight: bold; font-size: large;"> IDAHO W 131719 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): Dianna Velder </div> <div style="width: 35%; text-align: center;"> Date: 3/6/17 Title: Manager </div> </div>	
Issued 03/06/2017 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM