

No. W 80321		Due no later than Jan 31, 2013		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. FOREST HEALTH RECLAMATION, LLC LARRY E PLUID PO BOX 29 LACLEDE ID 83841-0029 USA		SHAWN C NUNLEY 912 E SHERMAN AVE COEUR D'ALENE ID 83814			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	GARY N JORGENSEN	PO BOX 29 14071 HWY 2 W	LACLEDE	ID	USA	83841-0029	
MEMBER	LARRY E PLUID	PO BOX 358	LACLEDE	ID	USA	83841-0029	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 80321		Signature: Lora Jorgenson				Date: 11/09/2012	
		Name (type or print): Lora Jorgenson				Title: Office Manager	
Processed 11/09/2012		* Electronically provided signatures are accepted as original signatures.					