


FILED EFFECTIVE

No. W 38001	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) SHANNON COOK 1295 W OAKHAMPTON DR EAGLE ID 83616														
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. CAILLIER RIVERWALK, LLC 1295 W OAKHAMPTON DR EAGLE ID 83616																
3. New Registered Agent Signature.																	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Shannon Cook</td> <td>1295 W. Oakhampton Dr.</td> <td>Eagle</td> <td>ID</td> <td>USA</td> <td>83616</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Manager	Shannon Cook	1295 W. Oakhampton Dr.	Eagle	ID	USA	83616
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Manager	Shannon Cook	1295 W. Oakhampton Dr.	Eagle	ID	USA	83616											
5. Organized Under the Laws of: IDAHO W 38001		6. Signature:  Date: 7-6-10 Name (type or print): SHANNON COOK Title: Manager															
Issued 06/25/2010 by SLD																	

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.