

No. <b>W 34107</b>	<b>Due no later than Oct 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> D KAY PROVINCE 417 BREMMER RD DESMET ID 83824																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> BLACKDOME MINES, L.L.C. PO BOX 241 POTLATCH ID 83855		3. <u>New</u> Registered Agent Signature.																																			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>DIANNA Kay</td> <td>Province</td> <td>417</td> <td>BREMMER</td> <td>RD</td> <td>Desmet, ID 83824</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DIANNA Kay	Province	417	BREMMER	RD	Desmet, ID 83824	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             IDAHO W 34107           </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:  <u>D. Kay Province</u> </td> <td style="width: 40%;">           Date:  <u>Sept 01-15</u> </td> </tr> <tr> <td>           Name (type or print):  <u>D. KAY PROVINCE</u> </td> <td>           Title:  <u>Manager</u> </td> </tr> </table>			Signature: <u>D. Kay Province</u>	Date: <u>Sept 01-15</u>	Name (type or print): <u>D. KAY PROVINCE</u>	Title: <u>Manager</u>																															
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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM