

No. W 98643	Reinstatement Annual Report Form ADMIN DISSOLVED 03/30/2015		2. Registered Agent and Office (NOT A P.O. BOX) GALE WILSON 540 OCONNOR RD LEWISTON ID 83501			
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. EUREKA RIDGE DEVELOPMENTS, LLC GALE E WILSON PO BOX 504 LEWISTON ID 83501 USA P.O. Box 606 CLARKSTON, WA. 99403		3. New Registered Agent Signature.			
REINSTATEMENT FEE DUE: \$30.00						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MARKLYN STONEBRAKER P.O. BOX 606 CLARKSTON, WA					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	GALE WILSON 196 MARINE VIEW DR LEWISTON ID 83501					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of:		6.		Date:		
IDAHO W 98643		Signature: 		<u>07/09/15</u>		
		Name (type or print): 		Title:		