

**FILED EFFECTIVE**No. **W 98643****Reinstatement Annual Report Form  
ADMIN DISSOLVED 03/30/2015**

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.**

EUREKA RIDGE DEVELOPMENTS, LLC

GALE E WILSON

~~PO BOX 504~~

LEWISTON ID 83501 USA

**CLARKSTON, WA.  
99403****2. Registered Agent and Office  
(NOT A P.O. BOX)**

GALE WILSON

540 OCONNER RD

LEWISTON ID 83501

**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"/>	MARKLYN STONEBRAKER P.O. BOX 606 CLARKSTON, WA ASOTIN 99403					
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	GALE WILSON 196 MARINE VIEW DR LEWISTON ID NezPerce 83501					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

**5. Organized Under the Laws of:****IDAHO  
W 98643****6.**

Signature:

Name (type or print):

**GALE WILSON**

Date:

Title:

**07/09/15**

Issued 07/02/2015 by TLB