

No. W 91206	Reinstatement Annual Report Form ADMIN DISSOLVED 06/14/2011		2. Registered Agent and Office (NOT A P.O. BOX)
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. TRI-PEAKS LLC 135 N 9TH ST ST MARIES ID 83861		BRENDA D MCCORD 135 N 9TH ST ST MARIES ID 83861 3. New Registered Agent Signature:
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member ☒ Manager ☐ Member (circle one)	Name	Street or PO Address	City State Country Postal Code
<i>Brenda D McCord 135 N. 9th St. St. Maries ID 83861 USA</i>			
5. Organized Under the Laws of: IDAHO W 91206		6. Signature: <i>Brenda D McCord</i> Date: <i>6-29-11</i> Name (type or print): <i>Brenda D. McCord</i> Title: <i>Manager</i>	
Issued 06/29/2011 by CLH			