

No. <b>W 83670</b>	Reinstatement Annual Report Form <b>ADMIN DISSOLVED 08/07/2012</b>	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> <del>EMILY ERNST</del> " <b>Valerie Carpenter</b> <del>1028 GOLD HILL RD</del> <del>PRINCETON ID 83857</del> <b>1140 Hatter Creek Rd</b> <b>Princeton, ID 83857</b>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>		1. <b>Mailing Address: Correct in this box if needed.</b> NORTH PASS INDUSTRIES LLC PO BOX 14 PRINCETON ID 83857	3. <b>New</b> Registered Agent Signature. <b>Valerie Carpenter</b>																																		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="1"> <thead> <tr> <th>Manager or Member</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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><del>Jaxon Ernst</del></td> <td><del>PO Box 14</del></td> <td><del>Princeton, ID</del></td> <td><del>USA</del></td> <td><del>83857</del></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><del>Emily Ernst</del></td> <td><del>PO Box 14</del></td> <td><del>Princeton, ID</del></td> <td><del>USA</del></td> <td><del>83857</del></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jaxon Ernst</td> <td>4415 Blue Mtn. Rd.</td> <td>Port Angeles, WA</td> <td>98362</td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Emily Ernst</td> <td>4415 Blue Mtn. Rd.</td> <td>Port Angeles, WA</td> <td>98362</td> <td></td> <td></td> </tr> </tbody> </table>	Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<del>Jaxon Ernst</del>	<del>PO Box 14</del>	<del>Princeton, ID</del>	<del>USA</del>	<del>83857</del>		Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<del>Emily Ernst</del>	<del>PO Box 14</del>	<del>Princeton, ID</del>	<del>USA</del>	<del>83857</del>		Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jaxon Ernst	4415 Blue Mtn. Rd.	Port Angeles, WA	98362			Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Emily Ernst	4415 Blue Mtn. Rd.	Port Angeles, WA	98362				
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 83670</b>	6. Signature: <u><i>Emily Ernst</i></u> Name (type or print): <u>Emily Ernst</u> Date: <u>5/14/13</u> Title: <u>co-owner</u>																																				
Issued 08/13/2012 by LIC																																					

**INSTRUCTIONS FOR THE ID**