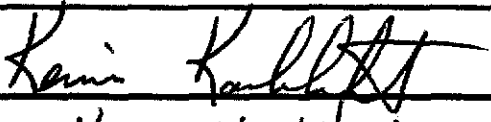
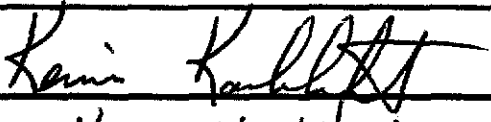
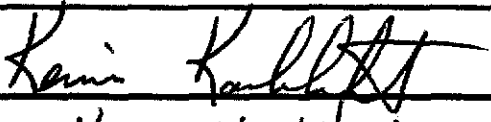


No. W 25072	Reinstatement Annual Report Form ADMIN DISSOLVED 10/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) KEVIN S KAMBITSCH 509 PINE STREET POTLATCH ID 83855															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SILVER SADDLE SALOON, L.L.C. KEVIN S KAMBITSCH PO BOX 541 POTLATCH ID 83855		3. <u>Now</u> Registered Agent Signature.															
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 Member (circle one)</td><td>KEVIN Kambitsch</td><td>509 PINE ST</td><td>Potlatch ID</td><td>USA</td><td></td><td>83855</td></tr></tbody></table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)	KEVIN Kambitsch	509 PINE ST	Potlatch ID	USA		83855
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code												
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5. Organized Under the Laws of: IDAHO W 25072		6. <table border="1"><tr><td>Signature:</td><td></td><td>Date:</td><td>12-28-11</td></tr><tr><td>Name (type or print):</td><td>KEVIN Kambitsch</td><td>Title:</td><td>OWNER</td></tr></table>			Signature:		Date:	12-28-11	Name (type or print):	KEVIN Kambitsch	Title:	OWNER						
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Issued 12/28/2011 by KAH																		