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|---|--|---|--|---------------------------|
| No. W 17370 | Reinstatement Annual Report Form ADMIN DISSOLVED 03/11/2005 | | 2. Registered Agent and Office (NOT A P.O. BOX) <i>DWIGHT RICE Gary Rice</i> 9490 HWY 20 26 CALDWELL ID 83605 | |
| 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. RICE BROS. AVIATION LLC <i>DWIGHT RICE</i> 9490 HWY 20 26 CALDWELL ID 83605 | | | |
| REINSTATEMENT FEE DUE: \$30.00 | | | 3. New Registered Agent Signature. <i>Gary Rice</i> | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Name <i>Dwight Rice</i> | Street or PO Address <i>9490 Hwy 20 Caldwell ID USA 83605</i> | City | State Country Postal Code |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | |
| 5. Organized Under the Laws of: IDAHO W 17370 | | 6. Signature <i>Gary Rice</i> | Date: <u>07-01-2012</u> | |
| | | Name (type or print): <i>Gary Rice</i> | Title: <i>Agent Member</i> | |
| Issued 06/27/2012 by CLH | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho. ~~PO BOX, P.O. Box, Mailing Address~~