

No. W 88969 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011 1. Mailing Address: Correct in this box if needed. FLORENCE RESOURCES, LLC MICHAEL R JOHNSON 68 FRONTAGE RD GRANGEVILLE ID 83530	2. Registered Agent and Office (NOT A P.O. BOX) PRESS THOMAS 68 FRONTAGE RD GRANGEVILLE ID 83530 3. New Registered Agent Signature.														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 45%; text-align: left;">Name</th> <th style="width: 20%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 10%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> ☒ Manager ☐ Member (circle one) </td> <td colspan="6" style="padding-top: 20px;"> MICHAEL R. JOHNSON 68 FRONTAGE RD. GRANGEVILLE ID 83530 </td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	☒ Manager ☐ Member (circle one)	MICHAEL R. JOHNSON 68 FRONTAGE RD. GRANGEVILLE ID 83530					
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5. Organized Under the Laws of: IDAHO W 88969	6. Signature: <u>Michael R. Johnson</u> Date: <u>4/18/11</u> Name (type or print): <u>MICHAEL R. JOHNSON</u> Title: <u>MANAGER</u>															

Issued 04/07/2011 by J.L.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.
Notes: 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. **Notes:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Circle either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. **Notes:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.