

REINSTATEMENT

No. C 119589 Return to: SECRETARY OF STATE 700 WEST JEFFERSON P.O. BOX 83720 BOISE, ID 83720-0080 ADMIN DTSS 2/10/99 FEE DUE \$30.00 5/22/97	Annual Report Form 1. Mailing Address - Please Correct, If Not Correct NORTH IDAHO TIMBER MANAGEMENT, INC. PETER T GOKEY PO BOX 63 BLANCHARD ID	2. Registered Agent and Office NOT A P.O. BOX PETER T GOKEY RAILROAD LN BLANCHARD ID 83804 3. Organized Under the Laws of: C 119589												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)														
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Office Held</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or P.O. Address</th> <th style="text-align: left; width: 15%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 5%;">Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>PETER T GOKEY</td> <td>PO BOX 63</td> <td>Blanchard</td> <td>Id</td> <td>83804</td> </tr> </tbody> </table>			Office Held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	PETER T GOKEY	PO BOX 63	Blanchard	Id	83804
Office Held	Name	Street or P.O. Address	City	State	Zip									
PRESIDENT	PETER T GOKEY	PO BOX 63	Blanchard	Id	83804									
5. Signature of New Registered Agent	6. Signature <u>Peter Gokey</u> Name (Typed or Printed) <u>PETER GOKEY</u> Date <u>3/29/99</u> Title <u>President</u>													

STATE OF IDAHO
 DEPARTMENT OF STATE
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- 1.) Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.
NOTE: The name of the business entity cannot be altered on the annual report form.
- 2.) If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
- 3.) Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.
 Limited Liability Company: Enter the names and addresses of the managers or members in block 4.
NOTE: Putting "same as last year" WILL NOT be accepted.
- 4.) Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- 5.) Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.
 Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.
- 6.) If new registered Agent, please sign block 5.