

No. W 12025		Reinstatement Annual Report Form ADMIN DISSOLVED 08/10/2011		2. Registered Agent and Office (NOT A P.O. BOX) DENTON HARRIS 1405 W 800 N PRESTON ID 83263																																				
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. NORTH AMERICAN ORION LLC DENTON HARRIS 2807 E 3200 S FRANKLIN ID 83237 USA																																						
REINSTATEMENT FEE DUE: \$30.00				3. New 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>Denton Harris</td><td>2807 E 3200 S</td><td>Franklin</td><td>ID</td><td>USA</td><td>83237</td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Denton Harris	2807 E 3200 S	Franklin	ID	USA	83237	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 12025		6. Signature: <u>Denton Harris</u> Name (type or print): <u>Denton Harris</u> Date: <u>8-6-13</u> Title: <u>Manager</u>																																						

Issued 08/06/2013 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM