

No. C 170323		Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)																						
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. DEADWOOD BACKCOUNTRY ADVENTURES, INC. MARLEAH D CARTER PO BOX 1107 CASCADE ID 83611 USA		TOM CARTER #30 LANDMARK STANLEY RD CASCADE ID 83611																						
REINSTATEMENT FEE DUE: \$30.00				3. <u>New</u> Registered Agent Signature.																						
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.																										
<table border="1"> <thead> <tr> <th>Office Held</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>President</td> <td>Thomas Carter</td> <td>41930 Raven Rd.</td> <td>Baker</td> <td>OR</td> <td>USA</td> <td>97814</td> </tr> <tr> <td>Vice Pres.</td> <td>M. Dawn Carter</td> <td colspan="4">Same as above</td> <td></td> </tr> </tbody> </table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Thomas Carter	41930 Raven Rd.	Baker	OR	USA	97814	Vice Pres.	M. Dawn Carter	Same as above				
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Vice Pres.	M. Dawn Carter	Same as above																								
5. Organized Under the Laws of:		6.																								
IDAHO C 170323		Signature: <i>M. Dawn Carter</i>		Date: 2/25/14																						
		Name (type or print): M. DAWN CARTER		Title: owner / VP																						

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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, not a Post Office Box or Personal Mail Box.

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

Block 4: Enter names and business addresses of president, secretary, and directors. **Note:** DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

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 corporation. Print or type the name of the signer below the signature.

**** The Image of this form will be available on the internet once it has been filed. DO NOT enter Social Security numbers.**

If the corporation is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for correction: _____ 7