No. **W 73919**	**Due no later than May 31, 2017** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** IDAHO RECLAMATION GROUP LLC ROBERT B FAULL PO BOX 5188 BOISE ID 83705	ROBERT B FAULL 4103 HILLCREST DR BOISE ID 83705 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	ROBERT B FAULL	4103 HILLCREST DR	BOISE	ID		83705

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 73919**	Signature: Robert Faull	Date: 06/16/2017
	Name (type or print): Robert Faull	Title: Manager

Processed 06/16/2017

* Electronically provided signatures are accepted as original signatures.