



0003410740



STATE OF IDAHO
Office of the secretary of state, Lawrence Denney
REINSTATEMENT ANNUAL REPORT (ALL DOMESTIC ENTITIES)

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$30.00 - Make Checks Payable to Secretary of State

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File #: 0003410740

Date Filed: 1/24/2019 3:26:56 PM

| Reinstatement Annual Report Form | | | | | | | | |
|---|---|------------------------------|------------------------------|-------|---------|------------------|---------|------------------------------|
| Current Entity Name | IDAHO & OREGON RIVER JOURNEYS, LLC | | | | | | | |
| The file number of this entity on the records of the Idaho Secretary of State is: | 0000064597 | | | | | | | |
| Organized under the laws of: | IDAHO | | | | | | | |
| Change Entity Name: Do not change the entity name | | | | | | | | |
| The registered agent on record is: | | | | | | | | |
| Registered Agent | M CHASE SLAVIN Registered Agent Physical Address 116 N CENTER ST SALMON, ID 83467 Mailing Address | | | | | | | |
| The name and street address of the new registered agent and office in Idaho is: | | | | | | | | |
| Registered Agent | Registered Agent Cori J Allen Physical Address: 533 MAIN STREET SALMON, ID 83467 Mailing Address: 533 Main Street Salmon, ID 83467 | | | | | | | |
| Signature of newly appointed agent | | | | | | | | |
| <input checked="" type="checkbox"/> I declare that the newly appointed agent is the person electronically filing this annual report and will electronically sign both as agent and as filer. | | | | | | | | |
| <u>Cori J Allen</u> | <u>01/24/2019</u> | | | | | | | |
| Sign Here | Date | | | | | | | |
| Signer's Title: | Bookkeeper | | | | | | | |
| The mailing address of the corporation is: PO BOX 1415 SALMON, ID 83467-1415 | | | | | | | | |
| Limited Liability Company Managers and Members | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Names of managers or members</th> <th style="width:20%;">Title</th> <th style="width:30%;">Address</th> </tr> </thead> <tbody> <tr> <td>ROBERT J VOLPERT</td> <td>Manager</td> <td>BOX 1415 SALMON, ID 83467</td> </tr> </tbody> </table> | | | Names of managers or members | Title | Address | ROBERT J VOLPERT | Manager | BOX 1415 SALMON, ID 83467 |
| Names of managers or members | Title | Address | | | | | | |
| ROBERT J VOLPERT | Manager | BOX 1415 SALMON, ID 83467 | | | | | | |
| The Application for Reinstatement must be signed by at least one governor. | | | | | | | | |
| <u>Cori J Allen</u> | <u>01/24/2019</u> | | | | | | | |
| Sign Here | Date | | | | | | | |
| Signer's Title: | Bookkeeper | | | | | | | |

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