

No. <b>W 80321</b>		<b>Due no later than Jan 31, 2016</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> FOREST HEALTH RECLAMATION, LLC GARY N JORGENSON PO BOX 29 LACLEDE ID 83841-0029		GARY N JORGENSON 14071 HWY 2 W LACLEDE ID 83841			
				3. <u>New</u> 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	
MEMBER	GARY N JORGENSON	PO BOX 29 14071 HWY 2 W	LACLEDE	ID	USA	83841-0029	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID W 80321</b>		Signature: Lora Jorgenson				Date: 11/16/2015	
		Name (type or print): Lora Jorgenson				Title: Office Manager	
Processed 11/16/2015		* Electronically provided signatures are accepted as original signatures.					