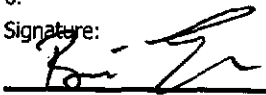


No. W 94525	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2011		2. Registered Agent and Office (NOT A P.O. BOX) SHERI WEISTANER 303 W RESTON CT COEUR D ALENE ID 83815
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. HOTEL CHARBONNEAU, LLC BRIAN T EKREM 207 WISCONSIN ST P.O. Box 2220 PRIEST RIVER ID 83856		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> BRIAN T EKREM P.O. Box 2220 PRIEST RIVER, ID 83856			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> WENDY K STARBIRD P.O. Box 2220 PRIEST RIVER, ID 83856			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 94525 </div>		6. Signature:  <hr/> Name (type or print): BRIAN EKREM	
		Date: 10/12/2012 <hr/> Title: Member	
Issued 10/01/2012 by DK1			

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