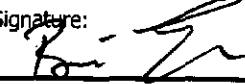


No. W 94525	Reinstatement Annual Report Form ADMIN DISSOLVED 09/07/2011					2. Registered Agent and Office (NOT A P.O. BOX) SHERI WEISTANER 303 W RESTON CT COEUR D ALENE ID 83815
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if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