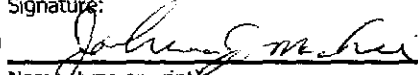


No. W 102593	Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014		2. Registered Agent and Office (NOT A P.O. BOX) JOSHUA MACKIE 3217 N WINSOME RD BOISE ID 83702 <u>3030 N. Crane Creek</u>
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. RIVER ESSENTIALS, LLC JOSHUA J MACKIE 3217 N WINSOME RD BOISE ID 83702 USA <u>3030 N. Crane Creek Rd.</u> <u>Boise ID 83702</u>		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 checked="" type="checkbox"/> Member <input type="checkbox"/> Joshua Mackie 3030 N. Crane Creek Rd. Boise ID ADA/USA 83702			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Catherine Mackie 3030 N. Crane Creek Rd Boise ID USA 83702			
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: large;"> IDAHO W 102593 </div>		6. Signature: <u></u> Date: <u>8-28-2017</u> Name (type or print): <u>Joshua J. Mackie</u> Title: <u>Manager</u>	

Issued 08/28/2017 by JLI

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 corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**