

No. W 102593	Reinstatement Annual Report Form ADMIN DISSOLVED 07/15/2014		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. RIVER ESSENTIALS, LLC JOSHUA J MACKIE 3217 N WINSOME RD BOISE ID 83702 USA <i>3030 N. Crane Creek Rd.</i> <i>Boise ID 83702</i>		JOSHUA MACKIE 3217 N WINSOME RD BOISE ID 83702 <i>3030 N. Crane Creek</i>																																			
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Joshua Mackie</td> <td>3030 N. Crane Creek Rd.</td> <td>Boise</td> <td>ID</td> <td>ADA/USA</td> <td>83702</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Catherine Mackie</td> <td>3030 N. Crane Creek Rd.</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83702</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				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"/>						
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5. Organized Under the Laws of: IDAHO W 102593	6. Signature: <u><i>Joshua J. Mackie</i></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.**