


No. <b>W 172955</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 01/22/2018</b>  <b>1. Mailing Address: Correct in this box if needed.</b> BEE SAFE SECURITY LLC KEVIN THOMPSON 495144 HIGHWAY 95 NAPLES ID 83847	<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> KEVIN THOMPSON 495144 HIGHWAY 95 NAPLES ID 83847  <b>3. New Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>		
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Kevin Thompson      495144 Hwy 95      Naples ID      USA      83847		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-weight: bold; font-size: large;">             IDAHO W 172955           </div>	<b>6.</b> Signature:  Name (type or print): <u>Kevin Thompson</u>  Date: <u>1/29/18</u> Title: <u>Owner</u>	
Issued 01/29/2018 by online		

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM