


No. W 178650	Reinstatement Annual Report Form		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	ADMIN DISSOLVED 05/31/2018 1. Mailing Address: Correct in this box if needed. BPX, LLC DOUG NEWMAN PO BOX 338 DECLO ID 83323		DOUG NEWMAN 2101 EAST YALE ROAD DECLO ID 83323	
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.				
Manager or Member Name Street or PO Address City State Country Postal Code				
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <u>Doug Newman 2051 Eyehard Declo ID USA 83323</u>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of:				
IDAHO W 178650		6. Signature:  Date: <u>9-11-18</u> Name (type or print): <u>Doug Newman</u> Title: <u>Pres.</u>		
Issued 09/10/2018 by online				

FORM FOR THE TRANS ANNUAL REPORT FORM