


W 50282

Page 1 of 4

No. <b>W 50282</b>	Reinstatement Annual Report Form <b>ADMIN DISSOLVED 08/10/2011</b>		2. Registered Agent and Office (NOT A P.O. BOX) TIMOTHY B HOBLEY <del>130 S FISHER #1</del> BLACKFOOT ID 83221 <b>282 W. 330 N.</b> <b>BLACKFOOT ID 83221</b>																																			
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. BEAR MOUNTAIN CONTRACTORS, LLC 484 W BRIDGE BLACKFOOT ID 83221  <b>282 West 333 North</b> <b>BLACKFOOT ID 83221</b>	3. New Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions. <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:15%;">Manager or Member</th> <th style="width:30%;">Name</th> <th style="width:30%;">Street or PO Address</th> <th style="width:10%;">City</th> <th style="width:10%;">State</th> <th style="width:10%;">Country</th> <th style="width:15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Timothy B Hobley</td> <td>282 W. 330 N.</td> <td>BLACKFOOT ID</td> <td>U.S.A</td> <td></td> <td>83221</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> <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"/>	Timothy B Hobley	282 W. 330 N.	BLACKFOOT ID	U.S.A		83221	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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:  <b>IDAHO</b> <b>W 50282</b>	6. Signature:  Name (type or print): <b>Timothy B. Hobley</b>		Date: <b>17 June 14</b> Title: <b>Manager</b>																																			

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**