




No. W 30134 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2009 1. Mailing Address: Correct in this box if needed. 3 BAR C, L.L.C. MARLA CAIN 3505-N-3200-E P.O.Box 5998 TWIN FALLS ID 83301-0346 USA 83303-5998	2. Registered Agent and Office (NOT A P.O. BOX) JEFFREY DALE CAIN 3505-N-3200-E 1709 Dora Dr N TWIN FALLS ID 83301 3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jeffrey Cain</td> <td>PO Box 5998</td> <td>Twin Falls</td> <td>ID</td> <td>USA</td> <td>83303</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Marla Cain</td> <td>P.O.Box 5998</td> <td>Twin Falls,</td> <td>ID</td> <td>USA</td> <td>83303</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Jeffrey Cain	PO Box 5998	Twin Falls	ID	USA	83303	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Marla Cain	P.O.Box 5998	Twin Falls,	ID	USA	83303	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM