No. W 83531	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010	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. BLACK EAGLE FISH COMPANY LLC MABEL ROBIN BLACK EAGLE 13 11 Ridgewood Da. 60, Bax 7 KAMIAH ID 83536	MABEL ROBIN BLACK EAGLE 1311 Ridge wood Pr. Kamiah, Id. 83536
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 Member Mabel RBlackbagle 1311 Ridgeocod Dr. Kamian, TO U.S 83536 Manager Member Me		
5. Organized Under the Lav IDAHO W 83531	No of: 6. Signature: Name (type or print): Makel R. Blackeade.	Date: / //// Title:

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Issued 09/08/2014 by KAH