

<b>No. W 151072</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 07/28/2016</b>  <b>1. Mailing Address: Correct in this box if needed.</b> B.E.N. INVESTMENTS LLC EMMA JEAN HANSEN 896 W 100 S PAUL ID 83347		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> EMMA JEAN HANSEN 896 W 100 S PAUL ID 83347																																			
<b>3. <u>New</u> Registered Agent Signature.</b>		<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Emma Jean Hansen</td> <td>896 W 100 S</td> <td>Paul</td> <td>ID</td> <td>USA</td> <td>83347</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"/>	Emma Jean Hansen	896 W 100 S	Paul	ID	USA	83347	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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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 151072</b> </div>		<b>6.</b> Signature: <u>Emma Jean Hansen</u> Name (type or print): <u>Emma Jean Hansen</u> Date: <u>5/26/17</u> Title: <u>Manager</u>																																				

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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the