

| No. <b>W 129513</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 12/16/2014</b>                                                                                      |                                                                                                                                                                                                       | 2. Registered Agent and Office<br>(NOT A P.O. BOX)                                                        |                   |         |                      |      |       |         |             |                                                                             |                      |                       |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------|---------|----------------------|------|-------|---------|-------------|-----------------------------------------------------------------------------|----------------------|-----------------------|-------|----|-----|-------|------------------------------------------------------------------|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1. Mailing Address: Correct in this box if needed.<br>BFC MERIDIAN, LLC<br>2795 E PARKRIVER DR<br>BOISE ID 83706<br>1611 E Gloucester St<br>Boise, ID 83706 |                                                                                                                                                                                                       | ROBERT BRYAN WARNOCK<br>2795 E PARKRIVER DR<br>BOISE ID 83706<br>1611 E Gloucester St.<br>Boise, ID 83706 |                   |         |                      |      |       |         |             |                                                                             |                      |                       |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 3. New Registered Agent Signature.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                             |                                                                                                                                                                                                       |                                                                                                           |                   |         |                      |      |       |         |             |                                                                             |                      |                       |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Robert Bryan Warnock</td> <td>1611 E Gloucester St.</td> <td>Boise</td> <td>ID</td> <td>Ada</td> <td>83706</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 type="checkbox"/> Member <input checked="" type="checkbox"/> | Robert Bryan Warnock | 1611 E Gloucester St. | Boise | ID | Ada | 83706 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name                                                                                                                                                        | Street or PO Address                                                                                                                                                                                  | City                                                                                                      | State             | Country | Postal Code          |      |       |         |             |                                                                             |                      |                       |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Robert Bryan Warnock                                                                                                                                        | 1611 E Gloucester St.                                                                                                                                                                                 | Boise                                                                                                     | ID                | Ada     | 83706                |      |       |         |             |                                                                             |                      |                       |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 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:<br><br><b>IDAHO<br/>W 129513</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             | 6. Signature: <br>Date: <u>12-22-14</u><br>Name (type or print): <u>Robert Bryan Warnock</u><br>Title: <u>Member</u> |                                                                                                           |                   |         |                      |      |       |         |             |                                                                             |                      |                       |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |

Issued 12/22/2014 By KAH

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**