No. W 48128	Reinstatement Annual Report Form ADMIN DISSOLVED 06/14/2011	2. 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. BDFLLC. BEN FLORENCE 7864 HIWAY 55 BANKS ID 83602	BEN FLORENCE 7864 HIWAY 55 BANKS ID 83602
REINSTATEMENT FEE DUE: $30.00		3. New 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 ☐	Ben Florence	2935 S. whitehaven Pl.	Eagle	ID	U.S.A.	83616
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 48128	Signature: [signature] Date: 3-10-2013 Name (type or print): Ben Florence Title: Manager

Issued 03/08/2013 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM