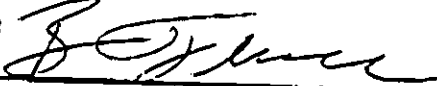


No. W 48128		Reinstatement Annual Report Form ADMIN DISSOLVED 06/14/2011		2. Registered Agent and Office (NOT A P.O. BOX) BEN FLORENCE 7864 HIWAY 55 BANKS ID 83602	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BDFLLC. BEN FLORENCE 7864 HIWAY 55 BANKS ID 83602		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
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	2835 S. whitehaven Pl.	Engle ID	U.S.A. 83616
Manager ☐ Member ☐					
Manager ☐ Member ☐					
Manager ☐ Member ☐					
5. Organized Under the Laws of:		6.			
IDAHO W 48128		Signature: 		Date: 3-10-2013	
		Name (type or print): Ben Florence		Title: Manager	
Issued 03/08/2013 by JLI					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM