


No. W 111412		Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) BRIAN FELT 14068 N 175 E RIRIE ID 83443	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00		1. Mailing Address: Correct in this box if needed. BT FELT LLC BRIAN FELT 14068 N 175 E RIRIE ID 83443		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 X	BRIAN FELT	14068 N 175 E, RIRIE ID	USA	83443
Manager	Member X	TIFFANY FELT	14068 N 175 E, RIRIE ID	USA	83443
Manager	Member				
Manager	Member				
5. Organized Under the Laws of:		6.			
IDAHO W 111412		Signature: 		Date: <u>03/30/2015</u>	
		Name (type or print): <u>BRIAN FELT</u>		Title: <u>MEMBER</u>	
Issued 03/30/2015 by online					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM