

No. W 127506	Reinstatement Annual Report Form ADMIN DISSOLVED 10/27/2017			2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>		
	Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080			BRENT BEAN 255 GREENBRIER DR HEYBURN ID 83336		
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>				3. <u>New</u> Registered Agent Signature.		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <b>BRENT Bean</b>	Street or PO Address 650 South 300 West	City <b>Heyburn</b>	State <b>ID</b>	Country <b>U.S.A</b>	Postal Code <b>83336</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <b>Becky Bean</b>	Street or PO Address 650 South 300 West	City <b>Heyburn</b>	State <b>ID</b>	Country <b>U.S.A.</b>	Postal Code <b>83336</b>
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
5. Organized Under the Laws of: <b>IDAHO</b> <b>W 127506</b>		6. Signature: <u>Becky Bean</u> Name (type or print): <u>Becky Bean</u>				
		Date: <u>11-21-2017</u> Title: <u>MANAGER/OWNER</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM