No. W 107544	Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013	2. Registered Agent and Office **(NOT A P.O. BOX)** BLAKE S ATKIN 7579 N WESTSIDE HWY CLIFTON ID 83228
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.** B.F. DIRECT, LLC BLAKE S ATKIN 7579 N WESTSIDE HWY CLIFTON ID 83228	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 ☒	Blake Atkin,	7579 N. Wside Hgwy,	Clifton,	Id.		83228
Manager ☒ Member ☒	Val Dwestover	500 N. main,	Clifton,	Id.		83228
Manager ☒ Member ☒	LaRee Westover	500 N. Main,	Clifton,	Id.		83228
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 107544	Signature: Blake S Atk Name (type or print): Blake S. Atkin Date: 1-24-13 Title: Manager

Issued 01/24/2013 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM