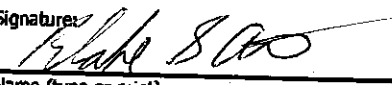


No. W 107544	Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013		2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. B.F. DIRECT, LLC BLAKE S ATKIN 7579 N WESTSIDE HWY CLIFTON ID 83228		BLAKE S ATKIN 7579 N WESTSIDE HWY CLIFTON ID 83228
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 ☒	Blake Atkin,	7579 N. W side Hwy,	Clifton, Id. 83228
Manager ☒ Member ☒	Val D Westover	500 N. main,	Clifton, Id. 83228
Manager ☒ Member ☒	Lakee Westover	500 N. main,	Clifton, Id. 83228
Manager ☐ Member ☐			
5. Organized Under the Laws of:		6.	
IDAHO W 107544		Signature: 	Date: <u>1-24-13</u>
		Name (type or print): <u>Blake S. Atkin</u>	Title: <u>Manager</u>
Issued 01/24/2013 by CLH			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM