

No. W 36787	Reinstatement Annual Report Form ADMIN DISSOLVED 05/09/2012				2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> BRENT D ARMSTRONG 10130 ARROWLEAF CT STAR ID 83669 2867 N. TURNBERRY WAY MERIDIAN ID 83646		
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.A. PLANNING & DESIGN, LLC BRENT D ARMSTRONG 10130 ARROWLEAF CT STAR ID 83669  <b>2867 N. TURNBERRY WAY MERIDIAN ID 83646</b>				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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <b>BRENT D. ARMSTRONG</b>	Street or PO Address <b>2867 N. TURNBERRY WAY MERIDIAN ID 83646</b>	City	State	Country	Postal Code	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<b>BRENT D. ARMSTRONG 2867 N. TURNBERRY WAY MERIDIAN ID 83646</b>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of:  IDAHO W 36787		6. Signature:  Name (type or print): <b>BRENT D. ARMSTRONG</b>					Date: <b>8-26-17</b>
							Title: <b>MANAGER</b>
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