




No. W 34557	Reinstatement Annual Report Form ADMIN DISSOLVED 02/04/2010		2. Registered Agent and Office (NOT A P.O. BOX) AMBER MYRICK BELEW 3101 W MAIN STE 200 BOISE ID 83702															
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. B1, LLC 1979 N LOCUST GROVE P.O. Box 1610 MERIDIAN ID 83642 Eagle, ID 83616		3. New Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Member</td> <td>Jake Centers</td> <td>2013 N. Locust Grove</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83646</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member	Jake Centers	2013 N. Locust Grove	Meridian	ID	USA	83646
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5. Organized Under the Laws of: IDAHO W 34557		6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 3/2/10</td> </tr> <tr> <td>Name (type or print): Jake Centers</td> <td>Title: Mbr</td> </tr> </table>			Signature: 	Date: 3/2/10	Name (type or print): Jake Centers	Title: Mbr										
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Issued 02/25/2010 by LJM																		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM