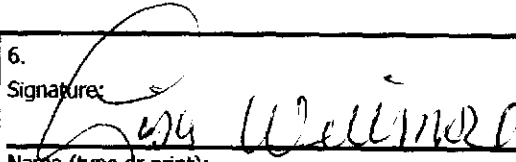


No. W 100396 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015 1. Mailing Address: Correct in this box if needed. BRIDGE, BLGL, LLC (THE) LISA WILLMORE 2245 ADA POCATELLO ID 83201	2. Registered Agent and Office (NOT A P.O. BOX) LISA WILLMORE 2245 ADA POCATELLO ID 83201 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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/> Lisa Willmore 2245 Ada Pocatello ID 83201		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>		
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;">IDAHO</div> <div style="text-align: center; font-weight: bold; font-size: large;">W 100396</div>	6. Signature:  Name (type or print): <u>Lisa Willmore</u> Date: <u>7-14-2015</u> Title: <u>Owner</u>	
Issued 07/10/2015 by online		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM