

FILED EFFECTIVE

No. W 69018	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012	2. Registered Agent and Office (NOT A P.O. BOX) SCOTT R SEEDALL 1192 S 52 E IDAHO FALLS ID 83401																																			
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. BONNEVILLE CUSTOMS, LLC 1546 N 25TH E IDAHO FALLS ID 83401	3. New Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MARK SHELL</td> <td>1546 N 25TH E</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>MARY SHELL</td> <td>Idaho Falls, ID</td> <td></td> <td></td> <td></td> <td>83401</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	MARK SHELL	1546 N 25 TH E					Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	MARY SHELL	Idaho Falls, ID				83401	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 69018	6. Signature: <i>Mary Shell</i> Date: <i>3/1/18</i> Name (type or print): <i>Mary Shell</i> Title: <i>Member</i>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM