


FILED EFFECTIVE

001/003

No. W 98119 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 02/11/2013 1. Mailing Address: Correct in this box if needed. BINGHAM DEVELOPMENT PROPERTIES, LLC DELWYN L. MICKELSEN c/o Mark R. Fuller PO BOX 428 50935 BLACKFOOT ID 83221-0429 USA Idaho Falls, Idaho 83405-0935	2. Registered Agent and Office (NOT A P.O. BOX) MARK R FULLER 410 MEMORIAL DRIVE STE 201 IDAHO FALLS ID 83402 3. New Registered Agent Signature.																																			
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 type="checkbox"/></td> <td>LYNN E. BECK</td> <td>P.O. Box 1768</td> <td>Idaho Falls</td> <td>Id.</td> <td>USA.</td> <td>83403-1768</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> <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 type="checkbox"/>	LYNN E. BECK	P.O. Box 1768	Idaho Falls	Id.	USA.	83403-1768	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	LYNN E. BECK	P.O. Box 1768	Idaho Falls	Id.	USA.	83403-1768																															
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: IDAHO W 98119	6. Signature:  Name (type or print): LYNN E. BECK Date: March 4-15-13 Title: MANAGER																																				

Issued 04/11/2013 by LJC

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM