

No. W 98119		Reinforcement Annual Report Form ADMIN DISSOLVED 02/11/2013		2. Registered Agent and Office (NOT A P.O. BOX)																																				
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. BINGHAM DEVELOPMENT PROPERTIES, LLC DELWYN L. MICKELSEN c/o MARK R. FULLER PO BOX 4200 50935 BLACKFOOT ID 83221-0420 USA Idaho Falls, Idaho 83405-0935		MARK R FULLER 410 MEMORIAL DRIVE STE 201 IDAHO FALLS ID 83402																																				
REINSTATEMENT FEE DUE: \$30.00				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"/>						
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5. Organized Under the Laws of: IDAHO W 98119		<table border="1"> <tr> <td>6. Signature: </td> <td>Date: <u>4-15-13</u></td> </tr> <tr> <td>Name (type or print): <u>LYNN E. BECK</u></td> <td>Title: <u>MANAGER</u></td> </tr> </table>				6. Signature: 	Date: <u>4-15-13</u>	Name (type or print): <u>LYNN E. BECK</u>	Title: <u>MANAGER</u>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM