

No. W 43291	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) STEPHANIE BODES 4044 W GREEN LN 2375 Rocking Horse PL KUNA ID 83634 Kuna Id 83634
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. BRIDLE RIDGE, LLC 4044 W GREEN LN 2375 Rocking Horse PL. KUNA ID 83634 Kuna Id 83634		3. <u>New</u> 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 type="checkbox"/>	Stephanie Bodes	4044 W Green Ln	Kuna Id	US		83634
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-size: 1.2em;"> IDAHO W 43291 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> Signature: <u>Stephanie Bodes</u> Name (type or print): <u>Stephanie Bodes</u> </td> <td style="width: 40%; padding: 5px;"> Date: <u>1/25/14</u> Title: <u>Manager</u> </td> </tr> </table>	Signature: <u>Stephanie Bodes</u> Name (type or print): <u>Stephanie Bodes</u>	Date: <u>1/25/14</u> Title: <u>Manager</u>
Signature: <u>Stephanie Bodes</u> Name (type or print): <u>Stephanie Bodes</u>	Date: <u>1/25/14</u> Title: <u>Manager</u>		

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM