



No. W 81807	Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015		2. Registered Agent and Office (NOT A P.O. BOX) DON R NEWMAN - ADAM NELSON 121 E 39TH ST - 335 S MAIN ST BUILDING C - MERIDIAN ID BOISE ID 83714 83642																																			
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. BAAD, LLC DON R NEWMAN P.O. BOX 9202 BOISE ID 83707 USA 335 S. MAIN ST MERIDIAN, ID 83642		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 checked="" type="checkbox"/></td> <td>ADAM NELSON</td> <td>1112 N GLAMORGAN</td> <td>MERIDIAN, ID</td> <td>US</td> <td></td> <td>83642</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DONALD R NEWMAN</td> <td>Po Box 755</td> <td>EAGLE, ID</td> <td>US</td> <td></td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>ALFRED RUSSELL</td> <td>722 W. FRANKLIN RD,</td> <td>MERIDIAN, ID</td> <td></td> <td></td> <td>83642</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"/>	ADAM NELSON	1112 N GLAMORGAN	MERIDIAN, ID	US		83642	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DONALD R NEWMAN	Po Box 755	EAGLE, ID	US		83616	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ALFRED RUSSELL	722 W. FRANKLIN RD,	MERIDIAN, ID			83642	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 81807		6. Signature:  Date: <u>6/3/15</u> Name (type or print): ADAM NELSON Title: <u>MGR</u>																																				
Issued 06/03/2015 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct