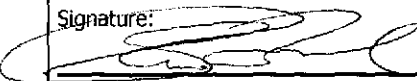


No. W 147020	Reinstatement Annual Report Form ADMIN DISSOLVED 04/26/2016		2. Registered Agent and Office (NOT A P.O. BOX) SHANE BERNAL 797 E WASHAKIE ST MERIDIAN ID 83646 1967 COLD CREEK AVE STAR ID 83669
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BERNAL RACING LLC SHANE BERNAL 2372 E STATE ST SUITE 2 EAGLE ID 83616 1967 COLD CREEK AVE STAR ID 83669 83669		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 type="checkbox"/> Member <input type="checkbox"/> SHANE BERNAL 1967 COLD CREEK AVE STAR ID 83669			
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: large;"> IDAHO W 147020 </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> Signature:  Name (type or print): <u>SHANE BERNAL</u> </div> <div style="width: 35%;"> Date: <u>3-3-17</u> Title: <u>OWNER</u> </div> </div>	

Issued 03/03/2017 by TLB

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 mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the

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