


No. <b>W 32275</b>	<b>Reinstatement Annual Report Form</b>		2. Registered Agent and Office (NOT A P.O. BOX)  HAL BAIRD <del>311 N CURTIS</del> BOISE ID 83706																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE          DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. BKR INVESTMENTS, LLC <del>311 N CURTIS</del> 4280 East Amity, Suite 105 BOISE ID 83706 Nampa, ID 83687		3. <u>New</u> 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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Hal Baird</td> <td>4280 E. Amity #105</td> <td>Nampa, ID</td> <td>83687</td> <td>USA</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Dick Koetter</td> <td>4280 E. Amity #105</td> <td>Nampa, ID</td> <td>USA</td> <td>83687</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Hal Baird	4280 E. Amity #105	Nampa, ID	83687	USA		Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Dick Koetter	4280 E. Amity #105	Nampa, ID	USA	83687		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:  <b>IDAHO W 32275</b>		6. Signature:  Date: 1/30/14 Name (type or print): Hal Baird Title: Member																																				

Issued 01/30/2014 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**