

**FILED EFFECTIVE**

No. <b>W 151632</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/31/2016</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> BRANDI ROBERTS <del>728 N ROTAN AVE</del> <i>500 S Sawtooth Ave</i> <del>MERIDIAN ID 83642</del> <i>Boise Id 83709</i>																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> BLR REAL ESTATE, LLC <del>728 N ROTAN AVE</del> <i>500 S Sawtooth Ave</i> <del>MERIDIAN ID 83642</del> <i>Boise Id 83709</i>		<b>3. New Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <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>Brandi Roberts</td> <td>500 S Sawtooth Ave</td> <td>Boise</td> <td>Id</td> <td>Ada</td> <td>83709</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"/>	Brandi Roberts	500 S Sawtooth Ave	Boise	Id	Ada	83709	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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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 151632</b>		<b>6.</b> Signature: <u><i>Brandi Roberts</i></u> Name (type or print): _____ Date: <u>1-26-17</u> Title: <u>Realtor/owner</u>																																				

Issued 01/26/2017 by JLI

**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