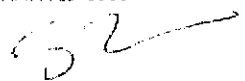



No. <b>W 119960</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/07/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> STEPHEN H TELFORD 208 12 AVE ROAD NAMPA ID 83686 
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. BAB ID LLC WEST CAMPUS, NO. 105 STOP 8083 POCAHELLO ID 83209  208 12 <sup>th</sup> Avenue Road Nampa, Idaho 83686		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"/> Dave Collee      208 12 <sup>th</sup> Avenue Rd. Nampa, Id. Canyon      83686			
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-weight: bold; font-size: large;">             IDAHO              W 119960           </div>		6. Signature:  <hr/> Name (type or print): <u>Dave Collee</u>	
		Date: <u>10/19/16</u> <hr/> Title: <u>MANAGER</u>	
Issued 10/11/2016 by online:			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM