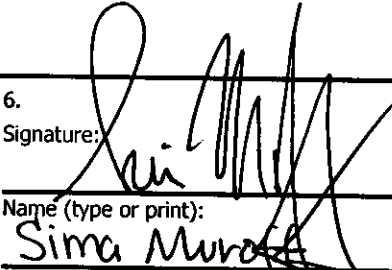


No. W 87929	Reinstatement Annual Report Form ADMIN DISSOLVED 01/13/2012		2. Registered Agent and Office (NOT A P.O. BOX) KRIS ORMSETH 101 S CAPITOL BLVD STE 1900 BOISE ID 83702
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BLACKHAWK MANAGER, LLC SIMA MUROFF 1112 W MAIN ST STE 101 BOISE ID 83702		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"/>	Sima Muroff	1112 W Main Ste. 101	Boise ID 83702
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: 1.2em;"> IDAHO W 87929 </div>		6. Signature:  <hr/> Name (type or print): Sima Muroff	
		Date: <u>2.12.14</u> Title: <u>Manager</u>	
Issued 01/29/2014 by SLD			