

FILED

No. W 137879	Reinstatement Annual Report Form ADMIN DISSOLVED 08/31/2016		2. Registered Agent and Office (NOT A P.O. BOX)	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed BH MITCHELL, LLC HOLLY MITCHELL 602 W WATERSFORD DR 1533 N. EAGLE ID 83616		HOLLY MITCHELL 602 W WATERSFORD DR 1533 N. EAGLE ID 83616 Eagle Creek Way Eagle, ID 83616	
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name	Street or PO Address	City	State Country Postal Code
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:		6.		
IDAHO W 137879		Signature:	Date: <u>March 20, 2017</u>	
		Name (type or print): <u>Holly Mitchell</u>	Title: <u>OWNER</u>	