

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 EAGLE ID 83616 Creek Way 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. <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"/>	Holly Mitchell	1533 N. Eagle Creek Way	Eagle, ID 83616
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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: IDAHO W 137879	6. Signature: <u>Holly Mitchell</u> Name (type or print): <u>Holly Mitchell</u> Date: <u>March 20, 2017</u> Title: <u>Owner</u>		