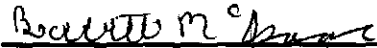
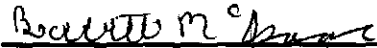
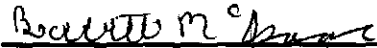


No. W 167863	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017		2. Registered Agent and Office (NOT A P.O. BOX) BOBBETTE MCISAAC 225 N BYRON SHELLEY ID 83274
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BAM PROPERTY GROUP, LLC BOBBETTE MCISAAC 225 N BYRON SHELLEY ID 83274		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"/>	Bobbette McIsaac	225 N Byron Ave	Shelley	Id	Bingham	83274
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;"> IDAHO W 167863 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 11-19-17 </td> </tr> <tr> <td> Name (type or print): Bobbette McIsaac </td> <td> Title: Manager </td> </tr> </table>	Signature: 	Date: 11-19-17	Name (type or print): Bobbette McIsaac	Title: Manager
Signature: 	Date: 11-19-17				
Name (type or print): Bobbette McIsaac	Title: Manager				

Issued 11/15/2017 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM