


No. <b>W 79468</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/14/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DAN <del>BUEKERS</del> <b>Beukers</b> 324 EASTRIDGE DR KIMBERLY ID 83341																																				
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. B,A,P, LLC DAN BEUKERS 324 EASTRIDGE DR KIMBERLY ID 83341																																						
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>				3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>Dan Beukers</td><td>324 Eastridge Dr.</td><td>Kimberly,</td><td>ID</td><td>USA</td><td>83341</td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Dan Beukers	324 Eastridge Dr.	Kimberly,	ID	USA	83341	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 79468</b>		6. Signature: <u></u> Date: <u>1-8-16</u> Name (type or print): <u>Dan Beukers</u> Title: <u>Manager</u>																																						
Issued 01/07/2016 by online																																								

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**