No. W 67575	Reinstatement Annual Report Form ADMIN DISSOLVED 01/06/2011	2. Registered Agent and Office (NOT A P.O. BOX) BRUCE G BOWEN 491 E 300 S BURLEY ID 83318
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. BOWEN ENTERPRISE LLC BRUCE G BOWEN 491 E 300 S BURLEY ID 83318	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code
	Bruce G. Bowen	491 E. 300 S.	Burley	Id.	USA	83318
	Kathryn K Bowen	491 E. 300 S.	Burley,	Id	USA	83318
	Sam L. Bowen	351 S. 450 E.	Burley,	Id	USA	83318

5. Organized Under the Laws of:

IDAHO
W 67575

6.

Signature: Bruce G Bowen Date: 1-27-11

Name (type or print): Bruce G. Bowen Title: Member

Issued 01/25/2011 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM