


No. W 35188	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES E BENDER 728 UNION AVE SALMON ID 83467
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. BENDER BEVERAGE LLC CHARLES E BENDER PO BOX 904 SALMON ID 83467		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			

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"/>	Charles Bender	716 Lombard St	Salmon	ID	USA	83467
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Denise Bender	716 Lombard St	Salmon	ID	USA	83467
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Eric Bender	818 Sonja Ave	Idaho Falls	ID	USA	83402
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jesse Bender	818 Sonja Ave	Idaho Falls	ID	USA	83402

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 35188 </div>	6. Signature: <div style="text-align: center;">  </div> Date: <u>4/11/16</u> Name (type or print): <div style="text-align: center;"> <u>Charles E Bender</u> </div> Title: <div style="text-align: center;"> <u>Managing Member</u> </div>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct