

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. New Registered Agent Signature.				
REINSTATEMENT FEE DUE: \$30.00						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.						
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name Charles Bender	Street or PO Address 716 Lombard st	City Salmon	State ID	Country USA	Postal Code 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"/>	Jerse Bender	818 Sonja Ave	Idaho Falls	ID	USA	83402
5. Organized Under the Laws of: IDAHO W 35188	6. Signature: <u>Charles E. Bender</u> Name (type or print): <u>Charles E. Bender</u> Date: <u>4/11/16</u> Title: <u>Managing member</u>					

Issued 04/09/2016 by online

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