


No. C 94454	Reinstatement Annual Report Form ADMIN DISSOLVED 05/08/2008		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT L. DONOVAN 17743 RIMROCK ROAD HAYDEN ID 83835																					
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. B.A. DISTRIBUTORS, INC. ROBERT L. DONOVAN 17743 RIMROCK ROAD HAYDEN ID 83835		3. <u>New</u> Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</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>PRESIDENT</td> <td>JAMES DEFFENBAUGH</td> <td>11100 AIRPORT DR.</td> <td>HAYDEN ID</td> <td>USA</td> <td></td> <td>83835</td> </tr> <tr> <td>Vice-PRESIDENT</td> <td>ROBERT DONOVAN</td> <td>17743 RIMROCK ROAD</td> <td>HAYDEN ID</td> <td>USA</td> <td></td> <td>83835</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	JAMES DEFFENBAUGH	11100 AIRPORT DR.	HAYDEN ID	USA		83835	Vice-PRESIDENT	ROBERT DONOVAN	17743 RIMROCK ROAD	HAYDEN ID	USA		83835
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5. Organized Under the Laws of: IDAHO C 94454	6. Signature:  Name (type or print): <u>JAMES L. DEFFENBAUGH</u>			Date: <u>8/28/12</u> Title: <u>PRESIDENT</u>																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM