

No. <b>W 82749</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/14/2011</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) BILLY G DUPREE JR 58 E FIRST N REXBURG ID 83440	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  C & B AVIATION LLC  PO BOX 188 HAMER ID 83425		3. <u>New</u> Registered Agent Signature.	

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
<input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)					
	BCL Management Inc.	PO Box 188	Hamer	ID	USA 83425

5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold;">IDAHO W 82749</div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           Signature: <u>Mary Lusk</u>            Name (type or print): <u>Mary Lusk</u> </div> <div>           Date: <u>6/30/11</u>            Title: <u>HR</u> </div> </div>
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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address.

**Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the