

| | | | | | | |
|---|---|---|------------|-------|--|-------------|
| No. W 82116 | Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013 | | | | 2. Registered Agent and Office (NOT A P.O. BOX) FAIRRIE BEEBE 3853 C HWY 21 IDAHO CITY ID 83631 | |
| 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. BONANZA BAR RANCH LLC FAIRRIE BEEBE PO BOX 724 IDAHO CITY ID 83631 USA | | | | 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 | Street or PO Address | City | State | Country | Postal Code |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | FAIRRIE BEEBE | PO BOX 724 | IDAHO CITY | IDAHO | CITY | 83631 |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 82116 | | 6. Signature: <u>Fairrie Beebe</u> Date: <u>7-3-13</u> Name (type or print): <u>Fairrie Beebe</u> Title: _____ | | | | |
| Issued 06/25/2013 by CLH | | | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM