

No. W 136425	Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) JAMIE R BEAN <i>Donna Bear</i> 6279 N MAXIMUS MERIDIAN ID 83686 <i>10360 W Adirondack Ct</i> <i>Star, Id 83669</i>
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. BEAN FAMILY LLC <i>Donna Bear</i> JAMIE R BEAN <i>10360 W Adirondack Ct</i> 6279 N MAXIMUS MERIDIAN ID 83686 <i>Star, Id 83669</i>		3. <u>New</u> Registered Agent Signature. <i>Donna Bear</i>
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 ☒ Member ☐	<i>Donna Bear</i>	<i>10360 W Adirondack Ct</i>	<i>Star, Id Ada 83669</i>
Manager ☐ Member ☒	<i>Ken Bear</i>	<i>10360 W Adirondack Ct</i>	<i>Star, Id Ada 83669</i>
Manager ☐ Member ☒	<i>Jamie Bear</i>	<i>10360 W Adirondack Ct</i>	<i>Star Id Ada 83669</i>
Manager ☐ Member ☐			
5. Organized Under the Laws of: IDAHO W 136425		6. Signature: <i>Donna Bear</i> Name (type or print): <i>Donna Bear</i> Date: <i>10/26/15</i> Title: <i>Manager</i> 	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM