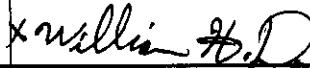


No. W 45747	Reinstatement Annual Report Form ADMIN DISSOLVED 03/10/2014		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>			
	Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  BARANOFS ENTERPRISES, LLC WILLIAM DORN 11615 N SUNDLER LANE HAYDEN ID 83835				
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	3. <u>New</u> Registered Agent Signature. 					
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"/>	William Dorn	11615 Sundler Lane	Hayden	Id		83835
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:		6.				
IDAHO W 45747		Signature:				Date:
		Name (type or print):	William Dorn			11/7/2015
						Title:
						Managing Member

Issued 01/07/2015 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**