


No. W 3117	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2007		2. Registered Agent and Office (NOT A P.O. BOX)																																			
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. BRC ENTERPRISES, LLC DRU SIMKINS PO BOX 783 126 W 1st N REXBURG ID 83440		DRU SIMKINS 136TH CENTER 126 W 1st N REXBURG ID 83440																																			
REINSTATEMENT FEE DUE: \$30.00			3. New Registered Agent Signature.																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Dru Simkins</td> <td>126 W 1st N</td> <td>REXBURG</td> <td>ID</td> <td>USA</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Krista Simkins</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Dru Simkins	126 W 1st N	REXBURG	ID	USA	83440	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Krista Simkins	"	"	"	"	"	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 3117	<p>6.</p> <p>Signature: </p> <p>Name (type or print): BRIAN CARTER</p> <p>Date: 6/2/15</p> <p>Title: OWNER</p>																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM