FILED EFFECTIVE

No. W 45904	Reinstatement Annual Report Form ADMIN DISSOLVED 03/04/2010 1. Mailing Address: Correct in this box if needed. 2. Registered Agent and C P.O. BOX) NICK TELLERIA 495 E 5TH ST NOKT BURLEY ID 83318	
Return to:		1110111111111
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		
	BOMB SQUAD, LLC (THE)	
	495 E 5TH ST NORTH BURLEY ID 83318	3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00		! :
4. Limited Liability Compani Office Held Nam	ies: Enter Names and Addresses of Managers OR Members. ne Street or PO Address	City State Country Postal Code
Manager N	ick Telleria 495 E.5+hS+	North
	7	Burley, ID 83318
		* [
	•	
:		
and the second second	% -	
5. Organized Under the Law IDAHO	ws of: 6. Signature:	> Date: 3-10-10
W 45904	Name (type or print): Nick Tell	eria Mag.
Torqued 03/10/2010 by CLH		

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. Nature. 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 registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Black 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: <u>Do not put "same as lest year" or "same as above".</u>
These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.