No. W 170539	Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017	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. BI MANAGEMENT LLC ~~900 W MAIN ST SUITE 1460~~ BOISE ID 83702 2415 W ANDERSON BOISE ID 83702	~~LEGALINC CORPORATE SERVICES IN~~ ~~900 W MAIN ST STE 1460~~ ~~BOISE ID 83702 USA~~ DANDA MITCHELL 2415 W ANDERSON BOISE ID 83702
REINSTATEMENT FEE DUE: $30.00		3. ~~New~~ Registered Agent Signature.

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 ☒	MALLEY FAMILY TRUST	2415 W ANDERSON	BOISE	ID	USA	83702
Manager ☐ Member ☐						
Manager ☐ Member ☐						
Manager ☐ Member ☐						

5. Organized Under the Laws of:	6.
IDAHO W 170539	Signature: Stephen A. Malley Trustee Date: 12.19.17 Name (type or print): STEPHEN A. MALLEY, TRUSTEE MEMBER Title:

Issued 12/19/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM