




No. W 116434	Reinstatement Annual Report Form ADMIN DISSOLVED 11/14/2013		2. Registered Agent and Office (NOT A P.O. BOX) BRAD MCJUNKIN 11434 CATSKILL DR 20669 Middleton Rd. CALDWELL ID 83605
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. B & S SOLUTIONS, LLC BRAD MCJUNKIN 11434 CATSKILL DR 20669 Middleton Rd CALDWELL ID 83605		3. <u>New</u> 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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Brad McJunkin	20669 Middleton Rd	Caldwell	ID	Canyon	83605
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: <div style="text-align: center;"> IDAHO W 116434 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Signature:  </td> <td style="width: 50%;"> Date: 4-13-15 </td> </tr> <tr> <td> Name (type or print): Brad McJunkin </td> <td> Title: Owner </td> </tr> </table>	Signature: 	Date: 4-13-15	Name (type or print): Brad McJunkin	Title: Owner
Signature: 	Date: 4-13-15				
Name (type or print): Brad McJunkin	Title: Owner				

Issued 04/13/2015 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.