No. W 47156	Reinstatement Annual Report Form ADMIN DISSOLVED 05/06/2009	2. Registered Agent and Office **(NOT A P.O. BOX)** WILLIAM TRAVIS BLACKMORE COUNTY ~~ROAD 29 A~~ 349 Chokecherry dr BONNERS FERRY ID 83805
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.** BLACKMORE DESIGN AND DRAFTING LLC WILLIAM TRAVIS BLACKMORE ~~PO BOX 1331~~ 349 Chokecherry dr. BONNERS FERRY ID 83805-~~1331~~ USA	3. New Registered Agent Signature.
REINSTATEMENT **FEE DUE:** $30.00		

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) (circle one)	Wm. Travis Blackmore	349 Chokecherry dr.	Bonners Ferry	ID	USA.	83805

5. Organized Under the Laws of:	6.
IDAHO W 47156	Signature: Wm Travis Blackmore Date: 1/27/12 Name (type or print): Wm. Travis Blackmore Title:

Issued 01/19/2012 by PEH

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.
Note: To ensure future mailings, the corrected address must be inside Block 1.