

No. W 53696	Reinstatement Annual Report Form ADMIN DISSOLVED 11/06/2008		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b>																																			
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.  B. B. WOLFE VENTURES, L.L.C. JOHN PAUL HAZEN 1478 E TOURMALINE MERIDIAN ID 83646		JOHN PAUL HAZEN 626 N. Saddlebrook 1478 E TOURMALINE WAY MERIDIAN ID 83646 STAR ID 83669																																			
<b>REINSTATEMENT FEE</b> DUE: \$30.00			626 N. Saddlebrook STAR IDAHO 83669																																			
3. New Registered Agent Signature.																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>John P. HAZEN</td> <td>626 N. Saddlebrook way</td> <td>STAR ID</td> <td>83669</td> <td>USA</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> <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 checked="" type="checkbox"/> Member <input type="checkbox"/>	John P. HAZEN	626 N. Saddlebrook way	STAR ID	83669	USA		Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 53696	6. Signature: <u>John P. HAZEN</u> Name (type or print): <u>John P. HAZEN</u>			Date: <u>7-30-2014</u>																																		
				Title: <u>DK</u> <u>7-30-2014</u>																																		

Issued 07/30/2014 by DK1

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM