

No. W 53696	Reinstatement Annual Report Form ADMIN DISSOLVED 11/06/2008		2. Registered Agent and Office (NOT A P.O. BOX) JOHN PAUL HAZEN 626 N. Saddlebrook Way 1478 E TOURMALINE WAY MERIDIAN ID 83646 STAR ID 83669
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. B. WOLFE VENTURES, L.L.C. JOHN PAUL HAZEN 1478 E TOURMALINE → 626 N. Saddlebrook Way MERIDIAN ID 83646 STAR IDAHO 83669		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 checked="" 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"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 53696</div>		6. Signature: <u>John P. Hazen</u> Name (type or print): <u>John P. HAZEN</u> <div style="text-align: right;"> Date: <u>7-30-2014</u> Title: <u>D 7-30-2014</u> </div>	
Issued 07/30/2014 by DK1			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM