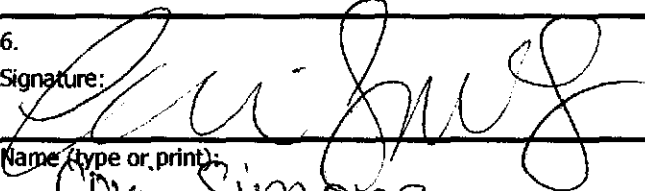


No. W 155257	Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017		2. Registered Agent and Office (NOT A P.O. BOX) CORI SIMONS 1527 AVELLINO BROOKE CT NAMPA ID 83686																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. BOISE BROWS LLC 1527 AVELLINO BROOKE CT NAMPA ID 83686		3. <u>New</u> 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>Cori/Ryan Simons</td><td>1527 Avellino</td><td>Brooke</td><td>CT</td><td>Nampa</td><td>ID 83686</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"/>	Cori/Ryan Simons	1527 Avellino	Brooke	CT	Nampa	ID 83686	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Cori/Ryan Simons	1527 Avellino	Brooke	CT	Nampa	ID 83686																																
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: IDAHO W 155257		6. Signature:  Name (type or print): <u>Cori Simons</u>		Date: <u>1/1/18</u> Title: <u>owner</u>																																		

Issued 01/01/2018 by online