

|                                                                                                                                                        |                 |                                                                                                                                                                                |          |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 76283</b>                                                                                                                                     |                 | <b>Due no later than Jul 31, 2018</b>                                                                                                                                          |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BKB PADRES, LLC<br>KEVIN E DENISON<br>3244 W. SALIX DR.<br>MERIDIAN ID 83646 |          | KEVIN E DENISON<br>3244 W. SALIX DR.<br>MERIDIAN ID 83646 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                |          | 3. <u>New</u> Registered Agent Signature:*                |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                 |                                                                                                                                                                                |          |                                                           |         |             |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                                                           | City     | State                                                     | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | KEVIN E DENISON | 3244 W. SALIX DR.                                                                                                                                                              | MERIDIAN | ID                                                        | USA     | 83646       |  |
| MEMBER                                                                                                                                                 | STACI L DENISON | 3244 W. SALIX DR.                                                                                                                                                              | MERIDIAN | ID                                                        | USA     | 83646       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 76283</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Kevin E Denison<br>Name (type or print): Kevin E Denison<br>Date: 05/31/2018<br>Title: Member                                  |          |                                                           |         |             |  |
| Processed 05/31/2018                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                      |          |                                                           |         |             |  |