

|                                                                                                                                                        |              |                                                                                                                                                                                        |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 37390</b>                                                                                                                                     |              | <b>Due no later than Mar 31, 2014</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>BOISE BOMB SHELTER, LLC<br>JON P FARREN<br>600 W CURLING DR<br>BOISE ID 83702<br>USA |       | JON FARREN<br>600 W CURLING DR<br>BOISE ID 83702   |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                                        |       | 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 |  |
| MANAGER                                                                                                                                                | JON P FARREN | 3904 ALBION ST                                                                                                                                                                         | BOISE | ID                                                 | USA     | 83705       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 37390</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Jon P Farren<br>Name (type or print): Jon P Farren<br>Date: 01/29/2014<br>Title: Manager                                               |       |                                                    |         |             |  |
| Processed 01/29/2014                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                              |       |                                                    |         |             |  |