

|  |                        |   |       |  |                     |
|--|------------------------|---|-------|--|---------------------|
| No. <b>W 14467</b>   |                        | <b>Due no later than Feb 28, 2017</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>BUSTER ENTERPRISES, L.C.<br>BRENT NIEHANS<br>1775 W STATE ST #171<br>BOISE ID 83702 |       | ERIK HAFF<br>623 W HAYS ST<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  | BRENT CLIFFORD NIEHANS | 1775 W STATE ST #171  | BOISE | ID   | 83702               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 14467</b>   |                        | 6. Annual Report must be signed.*<br>Signature: BRENT CLIFFORD NIEHANS<br>Name (type or print): BRENT CLIFFORD NIEHANS<br>Date: 01/23/2017<br>Title: MANAGER                          |       |  |                     |
| Processed 01/23/2017   |                        | * Electronically provided signatures are accepted as original signatures.   |       |  |                     |