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| No. W 66375 | Due no later than Sep 30, 2015 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) BRENDON BALDUS 901 W S 1ST ST GRANGEVILLE ID 83530 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. 2-B CABINETRY, LLC 901 W S 1ST ST GRANGEVILLE ID 83530 | | 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 type="checkbox"/> | Brendon R Baldus | 100 Phoebe Rd | Grangeville | ID | ID | 83530 |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |

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| 5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 66375</div> | 6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): Brendon R Baldus </td> <td style="width: 40%;"> Date: 9-1-15 Title: Owner/manager </td> </tr> </table> | Signature:  Name (type or print): Brendon R Baldus | Date: 9-1-15 Title: Owner/manager |
| Signature:  Name (type or print): Brendon R Baldus | Date: 9-1-15 Title: Owner/manager | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM