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| No. W 85276 | Due no later than Jul 31, 2013 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. | | SALLY FRYE 7777 ELMORE RD FRUITLAND ID 83619 | | | |
| | BEES BOX LLC (THE) SALLY FRYE 7777 ELMORE RD FRUITLAND ID 83619 | | 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 | MATTHEW C FRYE | 7777 ELMORE RD | FRUITLAND | ID | USA | 83619 |
| 5. Organized Under the Laws of: ID W 85276 | | 6. Annual Report must be signed.* Signature: Sally Frye Name (type or print): Sally Frye Date: 08/08/2013 Title: Owner | | | | |
| Processed 08/08/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | |