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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------|---------------------|
| No. <b>W 19669</b>                                                                                                                                     |                 | <b>Due no later than Jun 30, 2016</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>DOUBLE B EASTERN IDAHO LLC<br>CHRISTOPHER J BEESON<br>PO BOX 2720<br>BOISE ID 83701-2720 |       | CHRISTOPHER J BEESON<br>601 W BANNOCK STREET<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 BROCKSOME | 1199 SHORELINE DR STE 307                                                                                                                                                                  | BOISE | ID                                                             | 83702               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 19669</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Christopher J Beeson<br>Name (type or print): Christopher J Beeson<br>Date: 05/24/2016<br>Title: Authorized Person                         |       |                                                                |                     |
| Processed 05/24/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                  |       |                                                                |                     |