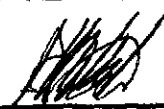


No. W 93824	Due no later than Jun 30, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) BARTON H BALANTYNE 7824 W THUNDER MOUNTAIN DR BOISE ID 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BALLANTYNE-STIBUREK LLC BARTON H BALLANTYNE 7824 W THUNDER MOUNTAIN DR BOISE ID 83709		3. <u>New</u> Registered Agent Signature.
NO FILING FEE IF RECEIVED BY DUE DATE			
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"/>	Barton H Ballantyne	7824 W Thunder Mountain Dr	Boise, ID 83709
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Leslie M Stiburek	P.O. Box 275	Boise, ID 83616
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 93824 </div>		6. Signature:  <hr/> Name (type or print): Barton H Ballantyne	
		Date: 4/20/15 Title: Managing Partner	

Issued 04/17/2015 by SLD

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note:** **DO NOT** put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.