

No. W 3712		Due no later than Mar 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing and Office (Enter in this box if applicable) BOBWHITE BOISE, LLC SHAWN PIERCE 851 LINDSAY BLVD IDAHO FALLS, ID 83401		JAKE JONES 851 LINDSAY BLVD IDAHO FALLS, ID 83401	
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature	
4. Limited Liability Companies: Enter Names and Addresses of Members.					
Office held	Name	Street or P.O. Address	City	State	Zip
	president	Shawn pierce 13896 w. Bunkerhill ct.	Boise	ID	83713
	Secretary	Jake Jones 1016 wildwoodway	Twin Falls	ID	83301
	Treasurer				
5. Organized Under the Laws of: IDAHO W 3712		6. Signature  Name (Typed or Printed) <u>Shawn pierce</u>		Date <u>4/15/05</u> Title <u>president</u>	

Issued 04/15/2005 by SL1

Do Not Tape or Staple

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Fold, seal and mail this portion.

Detach at this perforation and discard this lower portion.

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 2.

BLOCK 4: Enter names and business addresses of president, secretary, and directors (for corporations only) or managers/members (for LLC's only). **Note:** Putting "same as last year" or "same as above" will not be accepted. Changes here will not affect the address in Block 1.

BLOCK 5: May not be altered through the use of this form.

BLOCK 6: The annual report must be signed by a person authorized to represent the corporation/LLC. Print or type the name and title of the signer below the signature.

**** The image of this form will be available on the internet once it is filed. DO NOT enter Social Security Numbers.**

If the (corporation/Limited Liability Company) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.idsos.state.id.us. However, if no timely annual report is filed, administrative action will be taken, at no cost to the (corporation/Limited Liability Company), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED