

|                                                                                                                                                        |             |                                                                                                                                                          |           |                                                    |         |                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------|-----------------------|--|
| No. <b>W 102393</b>                                                                                                                                    |             | <b>Due no later than Apr 30, 2015</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>1. Mailing Address: Correct in this box if needed.</b><br><br>BS&T LAND & CATTLE, LLC<br>KENNETH LAW<br>619 W HIGHWAY 26<br>BLACKFOOT ID 83221<br>USA |           | KENNETH LAW<br>619 W HIGHWAY 26<br>BLACKFOOT 83221 |         |                       |  |
|                                                                                                                                                        |             |                                                                                                                                                          |           | 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           |  |
| MEMBER                                                                                                                                                 | KENNETH LAW | 619 W HIGHWAY 26                                                                                                                                         | BLACKFOOT | ID                                                 | USA     | 83221                 |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                                        |           |                                                    |         |                       |  |
| <b>ID<br/>W 102393</b>                                                                                                                                 |             | Signature: Patty Coffey                                                                                                                                  |           |                                                    |         | Date: 03/30/2015      |  |
|                                                                                                                                                        |             | Name (type or print): Patty Coffey                                                                                                                       |           |                                                    |         | Title: Office Manager |  |
| Processed 03/30/2015                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                |           |                                                    |         |                       |  |