




No. W 158476	Due no later than Nov 30, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT D BILLINGS 5885 W MAINE ST SPIRIT LAKE ID 83869
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. 2B'S LLC ROBERT D BILLINGS PO BOX 44 SPIRIT LAKE ID 83869		3. <u>New</u> Registered Agent Signature.

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 type="checkbox"/> Member <input type="checkbox"/>	ROBERT D BILLINGS / JUDITH A BILLINGS					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	5885 W MAINE ST					
Manager <input type="checkbox"/> Member <input type="checkbox"/>	P.O. Box 44					
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 158476 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>10/2/16</u> </td> </tr> <tr> <td> Name (type or print): <u>ROBERT D BILLINGS</u> </td> <td> Title: <u>OWNER</u> </td> </tr> </table>	Signature: 	Date: <u>10/2/16</u>	Name (type or print): <u>ROBERT D BILLINGS</u>	Title: <u>OWNER</u>
Signature: 	Date: <u>10/2/16</u>				
Name (type or print): <u>ROBERT D BILLINGS</u>	Title: <u>OWNER</u>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM