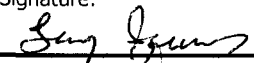
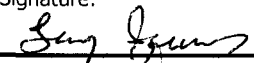
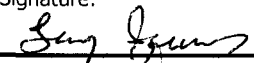


No. W 77147	Due no later than Aug 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LARRY A SQUIRES 1100 BATTLE RIDGE RD KOOSKIA ID 83539
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BATTLE RIDGE CUSTOM CUTTING LLC 1100 BATTLE RIDGE RD KOOSKIA ID 83539		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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Larry Squires	1100 Battle Ridge Rd	Kooskia	Id	USA	83539
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Carrie Squires	"	"	"	"	"
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 77147 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 7-20-16 </td> </tr> <tr> <td> Name (type or print): Larry Squires </td> <td> Title: mgr </td> </tr> </table>	Signature: 	Date: 7-20-16	Name (type or print): Larry Squires	Title: mgr
Signature: 	Date: 7-20-16				
Name (type or print): Larry Squires	Title: mgr				