| No. W 92907 | | Due no later than Apr 30, 2013 | | 2. Registered Age | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------|--|---------------------------------|--|---|---------|-------------|--|
| Return to: | | Annual Report Form | | Dec. 12 - Dec. 1 | VELVET KILLIAN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. B&C SNOWCATS, LLC. VELVET KILLIAN 745 MEDICINE LODGE RD DUBOIS ID 83423 | | 745 MEDICINE LODGE RD DUBOIS ID 83423 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compan | ies: Enter Nar | mes and Addresses of a | it least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER MCKELL KILL | | JAN | 1445 JEFFERSON AVE | IDAHO FALLS | ID | USA | 83402 | |
| MANAGER CALEB D KIL | | | 1445 JEFFERSON AVE | IDAHO FALLS | ID | USA | 83402 | |
| MANAGER BRET C KILL | | LIAN | 745 MEDICINE LODGE RD | DUBOIS | ID | USA | 83423 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Velvet Killian | | Date: 04/30/2013 | | | | |
| W 92907 | | Name (type or print): Velvet Killian | | Title: Owner | | | | |
| Processed 04/30/2013 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |