

|                                                                                                                                                        |                 |                                                                                                                                                    |       |                                                           |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|------------------|--|
| No. <b>W 127839</b>                                                                                                                                    |                 | <b>Due no later than Aug 31, 2014</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>B-TAUGHT, LLC<br>BARBARA B LEWIS<br>13203 W PICADILLY ST<br>BOISE ID 83713<br>USA |       | BARBARA B LEWIS<br>13203 W PICADILLY ST<br>BOISE ID 83713 |         |                  |  |
|                                                                                                                                                        |                 |                                                                                                                                                    |       | 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                                                                                                                                                 | BARBARA B LEWIS | 13203 W PICADILLY ST                                                                                                                               | BOISE | ID                                                        | USA     | 83713            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                  |       |                                                           |         |                  |  |
| <b>ID<br/>W 127839</b>                                                                                                                                 |                 | Signature: Barbara Lewis                                                                                                                           |       |                                                           |         | Date: 06/07/2014 |  |
|                                                                                                                                                        |                 | Name (type or print): Barbara Lewis                                                                                                                |       |                                                           |         | Title: Member    |  |
| Processed 06/07/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                          |       |                                                           |         |                  |  |