

No. <b>W 90480</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	Due no later than Feb 28, 2018 <b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b> B5-REXBURG, LLC RICHARD BEDAYN PO BOX 1583 CORVALLIS OR 97339 USA	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> Need to Appoint <b>BLAKE'S REGISTERED AGENTS LLC</b> <b>19593 MADISON ROAD</b> <b>NAMPA, ID 834087</b>  3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><b>RICHARD BEDAYN</b></td> <td><b>PO BOX 1583</b></td> <td><b>CORVALLIS</b></td> <td><b>OR</b></td> <td><b>USA</b></td> <td><b>97339</b></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<b>RICHARD BEDAYN</b>	<b>PO BOX 1583</b>	<b>CORVALLIS</b>	<b>OR</b>	<b>USA</b>	<b>97339</b>	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<b>RICHARD BEDAYN</b>	<b>PO BOX 1583</b>	<b>CORVALLIS</b>	<b>OR</b>	<b>USA</b>	<b>97339</b>																															
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 90480</b>	6. Signature: <u><i>[Signature]</i></u> Date: <u>1/10/18</u> Name (type or print): <u><b>RICHARD BEDAYN</b></u> Title: <u><b>MEMBER</b></u>																																				

Rec'd  
chg RA  
1/10/2018

Issued 01/10/2018 by online

117237

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**