

|                                                                                                                                                        |                 |                                                                                                                                                    |       |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 158353</b>                                                                                                                                    |                 | <b>Due no later than Nov 30, 2016</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 & C STAFFING SOLUTIONS, LLC<br>ROBERT B SMITH<br>4364 E 500 N<br>RIGBY ID 83442 |       | ROBERT B SMITH<br>4364 E 500 N<br>RIGBY ID 83442   |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                    |       | 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 |  |
| MANAGER                                                                                                                                                | COLETTE N SMITH | 4364 E 500 N                                                                                                                                       | RIGBY | ID                                                 | USA     | 83442       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 158353</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: R Blake Smith<br>Name (type or print): R Blake Smith                                               |       |                                                    |         |             |  |
| Date: 12/29/2016<br>Title: member                                                                                                                      |                 |                                                                                                                                                    |       |                                                    |         |             |  |
| Processed 12/29/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                          |       |                                                    |         |             |  |