

No. W 117738	Due no later than Sep 30, 2013 Annual Report Form			2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> BLAKE CRAIG 2934 N FAIRGLEN AVE MERIDIAN ID 83646																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BC RESTORATION LLC BLAKE CRAIG 2934 N FAIRGLEN AVE MERIDIAN ID 83646			3. New Registered Agent Signature.																																			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>																																							
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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">Blake Craig 2934 N. Fairglen Ave Meridian ID 83646</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Blake Craig 2934 N. Fairglen Ave Meridian ID 83646						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  IDAHO W 117738		6. Signature:  Name (type or print): <u>Blake Craig</u>																																					
Issued 07/30/2013 by DK1		Date: <u>7/30/13</u> Title: <u>Manager</u> 107339																																					