| No. <b>W 27115</b>  | D                        | Due no later than Dec 31, 2012 Annual Report Form  1. Mailing Address: Correct in this box if needed.  BEAR NECESSITIES OF MONTPELIER LLC JUNE MARIE SAXTON 395 N 4TH MONTPELIER ID 83254  mes and Addresses of at least one Member or Manager. |                  | 2. Registered Agent and Address (NO PO BOX)  |              |                |  |  |
|---|--------------------------|---|------------------|--|--------------|----------------|--|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | BEAR NECES<br>JUNE MARIE |   |                  | JUNE MARIE SAXTON 395 N 4TH MONTPELIER ID 83254  3. New Registered Agent Signature:* |              |                |  |  |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Fr            |                          |   |                  |  |              |                |  |  |
| Office Held Name  |                          | Street or PO Address  | City             | State  | Country      | Postal Code    |  |  |
|   | MARIE SAXTON<br>SAXTON   | 5943 CENTER LANE<br>5943 CENTER LANE  | GENEVA<br>GENEVA | ID<br>ID   | USA<br>USA   | 83238<br>83238 |  |  |
| 5. Organized Under the Laws of:   | 6. Annual Repo           | 6. Annual Report must be signed.*   |                  |  |              |                |  |  |
| ID  | Signature: J             | Signature: June Marie Saxton Date: 11/06/2012   |                  |  |              |                |  |  |
| W 27115   | Name (type               | Name (type or print): June Marie Saxton   |                  |  | Title: Owner |                |  |  |
| Processed 11/06/2012  | * Electronically         | * Electronically provided signatures are accepted as original signatures.   |                  |  |              |                |  |  |