

No. W 20901	Due no later than Sep 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BP5, LLC THOMAS CHANDLER 877 MAIN STREET STE 1000 BOISE ID 83702-2240 USA		THOMAS CHANDLER 877 MAIN STREET STE 1000 BOISE ID 83702			
			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	THOMAS CHANDLER	877 MAIN ST STE 1000	BOISE	ID	USA	83702
MANAGER	SCOTT J CHANDLER	1365 N. ORCHARD ST. SUITE 300	BOISE	ID	USA	83705-1825
5. Organized Under the Laws of: ID W 20901	6. Annual Report must be signed.* Signature: Thomas Chandler Name (type or print): Thomas Chandler		Date: 07/14/2014 Title: Registered Agent			
Processed 07/14/2014		* Electronically provided signatures are accepted as original signatures.				