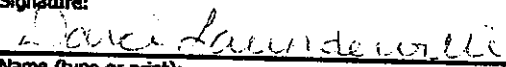


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No. W 19025	Reinstatement Annual Report Form ADMIN DISSOLVED 07/10/2013		2. Registered Agent and Office (NOT A P.O. BOX)																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BTB, L.L.C. DARCI R LAUNDERVILLE 200 MAIN ST SANDPOINT ID 83864 USA		JEFFREY S BOND 200 MAIN ST SANDPOINT ID 83864																																				
REINSTATEMENT FEE DUE: \$30.00			3. New 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 ☐ Member ☒</td> <td>Jeff Bond</td> <td>200 Main</td> <td>Sandpoint</td> <td>ID</td> <td></td> <td>83864</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	Jeff Bond	200 Main	Sandpoint	ID		83864	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 19025		6. Signature:  Name (type or print): DARCI LAUNDERVILLE Date: 8/21/13 Title: Accountant																																					
Issued 08/20/2013 by JLI																																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM