

|                                                                                                                                                        |                |                                                                                                                                                                            |           |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 85276</b>                                                                                                                                     |                | <b>Due no later than Jul 31, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BEES BOX LLC (THE)<br>SALLY FRYE<br>7777 ELMORE RD<br>FRUITLAND ID 83619 |           | SALLY FRYE<br>7777 ELMORE RD<br>FRUITLAND ID 83619 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                                            |           | 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                                                                                                                                                | MATTHEW C FRYE | 7777 ELMORE RD                                                                                                                                                             | FRUITLAND | ID                                                 | USA     | 83619            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                          |           |                                                    |         |                  |  |
| <b>ID<br/>W 85276</b>                                                                                                                                  |                | Signature: sfrye!                                                                                                                                                          |           |                                                    |         | Date: 06/03/2016 |  |
|                                                                                                                                                        |                | Name (type or print): sfrye!                                                                                                                                               |           |                                                    |         | Title: owner     |  |
| Processed 06/03/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                  |           |                                                    |         |                  |  |