No. **W 40549**	**Due no later than Jun 30, 2018**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** BE SQUARED, LLC R. CLEVE BUTTARS PO BOX 2035 TWIN FALLS ID 83303-0285	R CLEVE BUTTARS 1067 LAURELWOOD CT. TWIN FALLS ID 83301 3. New 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	R CLEVE BUTTARS	PO BOX 2035	TWIN FALLS	ID		83303

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 40549**	Signature: R. Cleve Buttars	Date: 05/01/2018
	Name (type or print): R. Cleve Buttars	Title: Manager

Processed 05/01/2018

* Electronically provided signatures are accepted as original signatures.