No. W 176617		Due no later than Jan 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. BARS HUB, LLC DAVID ROSEBERRY 1179 MIDWAY AVE		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				800 W MAIN S	UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE		IDAHO FALLS ID 83406		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER DAVID ROSEBE		EBERRY	1179 MIDWAY AVE	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Dav		Date: 12/07/2017				
W 176617		Name (type or		Title: Owner				
Processed 12/07/2017 * Electronically provided signatures are accepted as original signatures.								