No. **W 48101**	**Due no later than Mar 31, 2017** **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.** BTTA, LLLC JOHN F MAGNUSON 1250 NORTHWOOD CENTER CT STE A COEUR D ALENE ID 83814	JOHN F MAGNUSON 1250 NORTHWOOD CENTER CT STE A COEUR D'ALENE ID 83814 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	JOHN F. MAGNUSON	1250 NORTHWOOD CENTER CT STE A	COEUR D'ALENE	ID		83814
MANAGER	TOM ANDERL	2875 E SPYGLASS CT	COEUR D'ALENE	ID		83815

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 48101**	Signature: John F. Magnuson	Date: 01/24/2017
	Name (type or print): John F. Magnuson	Title: Manager

Processed 01/24/2017

* Electronically provided signatures are accepted as original signatures.