

|                                                                                                                                                        |                 |                                                                             |        |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------|--------|----------------------------------------------------|------------------|-------------|--|
| No. <b>J 1956</b>                                                                                                                                      |                 | <b>Due no later than Feb 29, 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>                                                   |        | NANCY C BERGMAN<br>406 MAIN ST<br>ASHTON ID 83420  |                  |             |  |
|                                                                                                                                                        |                 | <b>1. Mailing Address: Correct in this box if needed.</b>                   |        | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |                 | B&S ACCOUNTING LLP<br>NANCY C BERGMAN<br>PO BOX 611<br>ASHTON ID 83420-0611 |        |                                                    |                  |             |  |
| 4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.                                                     |                 |                                                                             |        |                                                    |                  |             |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                        | City   | State                                              | Country          | Postal Code |  |
| PARTNER                                                                                                                                                | NANCY C BERGMAN | PO BOX 611                                                                  | ASHTON | ID                                                 | USA              | 83420       |  |
| PARTNER                                                                                                                                                | SHARON STAEB    | PO BOX 611                                                                  | ASHTON | ID                                                 | USA              | 83420       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                           |        |                                                    |                  |             |  |
| <b>ID<br/>J 1956</b>                                                                                                                                   |                 | Signature: Sharon Staeb                                                     |        |                                                    | Date: 12/21/2015 |             |  |
|                                                                                                                                                        |                 | Name (type or print): Sharon Staeb                                          |        |                                                    | Title: Owner     |             |  |
| Processed 12/21/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.   |        |                                                    |                  |             |  |