

|                                                                                                                                                        |              |                                                                                                                                                                                   |          |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 74692</b>                                                                                                                                     |              | <b>Due no later than May 31, 2011</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>BDT INVESTMENTS LLC<br>BONNA FAHEY<br>5262 LUCKY ST<br>CHUBBUCK ID 83202<br>USA |          | BONNA FAHEY<br>5262 LUCKY ST<br>CHUBBUCK ID 83202-2137 |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                                   |          | 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                                                                                                                                                | BONNA FAHEY  | 5262 LUCKY ST                                                                                                                                                                     | CHUBBUCK | ID                                                     | USA     | 83202-2137  |  |
| MANAGER                                                                                                                                                | ALISON BOYER | 4624 TAHOE PLACE                                                                                                                                                                  | CHUBBUCK | ID                                                     | USA     | 83202       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 74692</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Bonna Fahey<br>Name (type or print): Bonna Fahey                                                                                  |          |                                                        |         |             |  |
|                                                                                                                                                        |              | Date: 03/16/2011<br>Title: Manager                                                                                                                                                |          |                                                        |         |             |  |
| Processed 03/16/2011                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                         |          |                                                        |         |             |  |