

No. W 42736	Due no later than Sep 30, 2015 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. B. L. LLC DR CALVIN BUHLER 2801 LOIS LN POCATELLO ID 83201 USA		DR CALVIN BUHLER 2801 LOIS LN POCATELLO ID 83201			
			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	DR CALVIN BUHLER	2801 LOIS LN	POCATELLO	ID		83201
5. Organized Under the Laws of: ID W 42736		6. Annual Report must be signed.* Signature: Calvin Buhler Name (type or print): Calvin Buhler		Date: 08/12/2015 Title: manager		
Processed 08/12/2015		* Electronically provided signatures are accepted as original signatures.				