

|  |                           |   |         |  |                     |
|--|---------------------------|---|---------|--|---------------------|
| No. <b>W 33684</b>   |                           | Due no later than Oct 31, 2014  |         | 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>B.C. EXCHANGE ACCOMMODATION TITLEHOLDER VI, LLC<br>ROBERT KORB<br>P O BOX 249<br>KETCHUM ID 83340 |         | ROBERT KORB<br>128 SADDLE RD STE 103<br>KETCHUM ID 83340 |                     |
|  |                           |   |         | 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 |
| MEMBER   | B.C. EXCHANGE CORPORATION | P O BOX 249   | KETCHUM | ID   | USA 83340           |
| 5. Organized Under the Laws of:  |                           | 6. Annual Report must be signed.*   |         |  |                     |
| <b>ID<br/>W 33684</b>  |                           | Signature: Robert Korb<br>Name (type or print): Robert Korb   |         | Date: 08/21/2014<br>Title: Agent                         |                     |
| Processed 08/21/2014   |                           | * Electronically provided signatures are accepted as original signatures.   |         |  |                     |