

No. W 77147	Due no later than Aug 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LARRY A SQUIRES 1100 BATTLE RIDGE RD KOOSKIA ID 83539
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BATTLE RIDGE CUSTOM CUTTING LLC 1100 BATTLE RIDGE RD KOOSKIA ID 83539		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Larry Squires 1100 Battle Ridge Rd Kooskia ID USA 83539			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Carrie Squires 1100 Battle Ridge Rd Kooskia ID USA 83539			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 77147 </div>		6. Signature: <u>Larry Squires</u> Date: <u>9-2-14</u> Name (type or print): <u>Larry Squires</u> Title: <u>Manager</u>	
Issued 06/10/2014 by SLD 100982			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM