

|                                                                                                                                                        |                 |                                                                                                                                                                             |            |                                                     |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------|---------|-------------|--|
| No. <b>W 94207</b>                                                                                                                                     |                 | <b>Due no later than Jun 30, 2012</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>BST PROPERTIES LLC<br>JANA PECK<br>1982 FLORAL AVE<br>TWIN FALLS ID 83301 |            | JANA PECK<br>1982 FLORAL AVE<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                                             |            | 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                                                                                                                                                 | TRACY G WATTS   | 819 ASPENWOOD LN                                                                                                                                                            | TWIN FALLS | ID                                                  | USA     | 83301       |  |
| MEMBER                                                                                                                                                 | STANLEY E WATTS | 3780 NORTH 3550 EAST                                                                                                                                                        | KIMBERLY   | ID                                                  | USA     | 83341       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 94207</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Tracy Watts<br>Name (type or print): Tracy Watts                                                                            |            |                                                     |         |             |  |
|                                                                                                                                                        |                 | Date: 05/25/2012<br>Title: Member                                                                                                                                           |            |                                                     |         |             |  |
| Processed 05/25/2012                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                   |            |                                                     |         |             |  |