

|                                                                                                                                                        |               |                                                                                                                                                                                  |             |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 2630</b>                                                                                                                                      |               | <b>Due no later than Jul 31, 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>BJD, LLC<br>BLAIR SIMMONS<br>3129 N FOOTHILL RD<br>IDAHO FALLS ID 83401<br>USA |             | BLAIR SIMMONS<br>3129 N FOOTHILL RD<br>IDAHO FALLS ID 83401 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                                                  |             | 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                                                                                                                                                | BLAIR SIMMONS | 3129 N FOOTHILL RD                                                                                                                                                               | IDAHO FALLS | ID                                                          | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 2630</b>                                                                                            |               | 6. Annual Report must be signed.*<br>Signature: Blair Simmons<br>Name (type or print): Blair Simmons                                                                             |             |                                                             |         |             |  |
|                                                                                                                                                        |               | Date: 05/10/2012<br>Title: Manager                                                                                                                                               |             |                                                             |         |             |  |
| Processed 05/10/2012                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                                        |             |                                                             |         |             |  |