

| | | | | | | | |
|--|------------------------|--|--|---|-------------|----------------|----------------------|
| No. W 126021 | | Due no later than Jun 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 | | 1. Mailing Address: Correct in this box if needed. BWS&A LLC BEN W SHEPPARD 14064 S BEAVER RD CATALDO ID 83810 | | BEN W SHEPPARD 14064 S BEAVER RD CATALDO ID 83810 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name BEN W SHEPPARD | Street or PO Address 14064 S. BEAVER RD | | City CATALDO | State ID | Country USA | Postal Code 83810 |
| 5. Organized Under the Laws of: ID W 126021 | | 6. Annual Report must be signed.* Signature: Ben W. Sheppard Name (type or print): Ben W. Sheppard Date: 07/06/2015 Title: Manager | | | | | |
| Processed 07/06/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | |