

|                                                                                                                                                        |                  |                                                                                                                                                                  |        |                                                              |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>W 108606</b>                                                                                                                                    |                  | <b>Due no later than Nov 30, 2017</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>1. Mailing Address: Correct in this box if needed.</b><br>BT FIRE & EVENT SERVICES LLC<br>ROBERTA HANSEN<br>37 SAVAGE RANCH RD<br>SALMON ID 83467-5388<br>USA |        | ROBERTA HANSEN<br>37 SAVAGE RANCH RD<br>SALMON ID 83467-5388 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                  |        | 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                                                                                                                                                | ROBERTA D HANSEN | 37 SAVAGE RANCH RD                                                                                                                                               | SALMON | ID                                                           | USA     | 83467-5388  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 108606</b>                                                                                          |                  | 6. Annual Report must be signed.*<br>Signature: Roberta D Hansen<br>Name (type or print): Roberta D Hansen<br>Date: 10/05/2017<br>Title: Owner/ Manager          |        |                                                              |         |             |  |
| Processed 10/05/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                        |        |                                                              |         |             |  |