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|--|------------------|--|-------|--|---------|-------------------------|--|
| No. W 20901 | | Due no later than Sep 30, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. BP5, LLC THOMAS CHANDLER 800 W. MAIN STREET SUITE 1750 BOISE ID 83702-5974 USA | | THOMAS CHANDLER 800 W. MAIN STREET SUITE 1750 BOISE ID 83702-5974 | | | |
| | | | | 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 | THOMAS CHANDLER | 800 W. MAIN STREET SUITE 1750 | BOISE | ID | | 83702-5974 | |
| MANAGER | SCOTT J CHANDLER | 1365 NORTH ORCHARD ST SUITE 300 | BOISE | ID | | 83707-1825 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 20901 | | Signature: Thomas Chandler | | | | Date: 07/31/2015 | |
| | | Name (type or print): Thomas Chandler | | | | Title: Registered Agent | |
| Processed 07/31/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |