

No. W 97538	Due no later than Oct 31, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) BONNIE SMITH 543 RIVER ROAD BLISS ID 83314
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BON&TAM LLC BOX 2 BLISS ID 83314		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Bonnie Smith	Box 2	Bliss	ID	USA	83314
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 97538</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <div style="border-bottom: 1px solid black; text-align: center; font-family: cursive;">Bonnie Smith</div> </td> <td style="width: 40%;"> Date: <div style="border-bottom: 1px solid black; text-align: center;">10/3/12</div> </td> </tr> <tr> <td> Name (type or print): <div style="border-bottom: 1px solid black; text-align: center;">Bonnie Smith</div> </td> <td> Title: <div style="border-bottom: 1px solid black; text-align: center;">manager</div> </td> </tr> </table>	Signature: <div style="border-bottom: 1px solid black; text-align: center; font-family: cursive;">Bonnie Smith</div>	Date: <div style="border-bottom: 1px solid black; text-align: center;">10/3/12</div>	Name (type or print): <div style="border-bottom: 1px solid black; text-align: center;">Bonnie Smith</div>	Title: <div style="border-bottom: 1px solid black; text-align: center;">manager</div>
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