
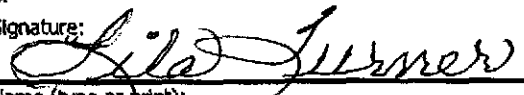


No. <b>W 2674</b>	<b>Due no later than Jul 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. B & L HOLDINGS, LLC BRUCE B TURNER 1046 W SHERINGTON EAGLE ID 83616		<del>BRUCE B TURNER</del> Lila Turner 1046 W SHERINGTON EAGLE ID 83616																																			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Lila Turner</td> <td>1046 W. Sherington</td> <td>Eagle, Id.</td> <td>Ada</td> <td></td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Bruce Turner</td> <td>1046 W. Sherington</td> <td>Eagle, Id.</td> <td>Ada</td> <td></td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Lila Turner	1046 W. Sherington	Eagle, Id.	Ada		83616	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Bruce Turner	1046 W. Sherington	Eagle, Id.	Ada		83616	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 2674</b>	6. Signature:  Date: <u>7-7-14</u> Name (type or print): <u>Lila Turner</u> Title: <u>Manager</u>																																					

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122822

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

**Block 3:** Only a new registered agent must sign in Block 3.

**Block 4:** Check either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. **Note:** DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.