

|                                                                                                                                                        |                 |                                                                                                                                       |      |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 121456</b>                                                                                                                                    |                 | <b>Due no later than Jan 31, 2014</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>4B ENTERPRISES LLC<br>ROBERT P BROWEN<br>10478 FIRST CT<br>STAR ID 83669 |      | ROBERT P BROWEN<br>10478 FIRST CT<br>STAR ID 83669 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                       |      | 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                                                                                                                                                | ROBERT P BROWEN | 10478 W FIRST CT                                                                                                                      | STAR | ID                                                 | USA     | 83669       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 121456</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Robert P Browen<br>Name (type or print): Robert P Browen                              |      |                                                    |         |             |  |
|                                                                                                                                                        |                 | Date: 12/03/2013<br>Title: Manager                                                                                                    |      |                                                    |         |             |  |
| Processed 12/03/2013                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                             |      |                                                    |         |             |  |