

|                                                                                                                                                        |                  |                                                                                                                                                                        |             |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 43851</b>                                                                                                                                     |                  | <b>Due no later than Oct 31, 2013</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BC & D LLC<br>ROBERT W BLEWETT<br>201 W MAIN<br>GRANGEVILLE ID 83530 |             | ROBERT W BLEWETT<br>201 W MAIN<br>GRANGEVILLE ID 83530 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                        |             | 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 |  |
| MEMBER                                                                                                                                                 | ROBERT W BLEWETT | 201 W MAIN                                                                                                                                                             | GRANGEVILLE | ID                                                     | USA     | 83530       |  |
| MEMBER                                                                                                                                                 | DONALD R BLEWETT | PO BOX 356                                                                                                                                                             | GRANGEVILLE | ID                                                     | USA     | 83530       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 43851</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Clarence W. Robison Jr.<br>Name (type or print): Clarence W. Robison Jr.<br>Date: 08/12/2013<br>Title: Accountant      |             |                                                        |         |             |  |
| Processed 08/12/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                              |             |                                                        |         |             |  |