

No. <b>W 164758</b>	<b>Due no later than Apr 30, 2018</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KATHERINE BRECKENRIDGE 762 ROBERT ST PICABO ID 83348
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address: Correct in this box if needed. B BAR B GRAZING ASSOC, LLC PO BOX 685 PICABO ID 83348	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"/>	KATHERINE BRECKENRIDGE	P.O. Box 685	PICABO	ID.	BLAINE	83348
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ROBERT STRUTHERS	762 ROBERT ST.	PICABO	ID.	BLAINE	83348
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center; font-size: 1.2em;">             IDAHO W 164758           </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">           Signature:             Name (type or print):            KATHERINE BRECKENRIDGE         </td> <td style="width: 40%;">           Date:            3-5-2018             Title:            MNGR.         </td> </tr> </table>	Signature: Name (type or print): KATHERINE BRECKENRIDGE	Date: 3-5-2018  Title: MNGR.
Signature: Name (type or print): KATHERINE BRECKENRIDGE	Date: 3-5-2018  Title: MNGR.		

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### 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.