No. **W 108614**	**Due no later than Nov 30, 2012**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** B BAR B GLOVES LLC KELLY D SCHILD PO BOX 478 BLACKFOOT ID 83221 USA	KELLY SCHILD 719 W PACIFIC ST BLACKFOOT ID 83221 3. New 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	KELLY D SCHILD	PO BOX 478	BLACKFOOT	ID	USA	83221

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 108614**	Signature: Kelly Schild Name (type or print): Kelly Schild	Date: 09/18/2012 Title: Manager

Processed 09/18/2012

* Electronically provided signatures are accepted as original signatures.