

No. W 123502	Due no later than Mar 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CRAIG L ROBERTS 1233 GUERNSEY CUTOFF RD PRINCETON ID 83857																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. C R HONEY BEES L.L.C. CRAIG L ROBERTS PO BOX 663 POTLATCH ID 83855		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 20%; text-align: left;">Name</th> <th style="width: 20%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country</th> <th style="width: 15%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Craig L Roberts</td> <td>PO Box 663</td> <td>Potlatch</td> <td>Idaho</td> <td>Latoh</td> <td>83855</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> <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"/>	Craig L Roberts	PO Box 663	Potlatch	Idaho	Latoh	83855	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 123502 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <u>Craig L Roberts</u> </td> <td style="width: 40%;"> Date: <u>2-5-14</u> </td> </tr> <tr> <td> Name (type or print): <u>Craig L Roberts</u> </td> <td> Title: <u>Owner</u> </td> </tr> </table>		Signature: <u>Craig L Roberts</u>	Date: <u>2-5-14</u>	Name (type or print): <u>Craig L Roberts</u>	Title: <u>Owner</u>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM