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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------------------|-----------------------------------|-------------|--|
| No. <b>W 84703</b>                                                                                                                                     |                    | <b>Due no later than Jun 30, 2015</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>B & B LLC<br>BRADLEY R WILLIAMS<br>454 S GARFIELD AVE<br>POCATELLO ID 83204<br>USA |           | BRADLEY R WILLIAMS<br>454 S GARFIELD AVE<br>POCATELLO ID 83204 |                                   |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                                      |           | 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                                                                                                                                                 | BRADLEY R WILLIAMS | 454 S. GARFIELD AVE                                                                                                                                                                  | POCATELLO | ID                                                             | USA                               | 83204       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 84703</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Bradley R Williams<br>Name (type or print): Bradley R Williams                                                                       |           |                                                                | Date: 04/20/2015<br>Title: Member |             |  |
| Processed 04/20/2015                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                            |           |                                                                |                                   |             |  |