

No. W 40549		Due no later than Jun 30, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BE SQUARED, LLC R. CLEVE BUTTARS PO BOX 2035 TWIN FALLS ID 83303-0285		R CLEVE BUTTARS 1067 LAURELWOOD CT. TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name R CLEVE BUTTARS	Street or PO Address PO BOX 2035		City TWIN FALLS	State ID	Country	Postal Code 83303
5. Organized Under the Laws of: ID W 40549		6. Annual Report must be signed.* Signature: R. Cleve Buttars Name (type or print): R. Cleve Buttars Date: 04/30/2017 Title: Manager					
Processed 04/30/2017 * Electronically provided signatures are accepted as original signatures.							