No. C 167600		Due no later than Jun 30, 2018		2.	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE		Annual Report Form 1. Mailing Address: Correct in this box if needed.		d.	JAKE ERICKSON 98 POPLAR ST			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		BMH, INC. JAKE ERICKSON 98 POPLAR ST			BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE		BLACKFOOT ID 83221 USA		3.	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter I	Names and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Trea	asurer (opt	ional).			
Office Held	Name		Street or PO Address	C	ity	State	Country	Postal Code
DIRECTOR	DAVID PETE	RSON	98 POPLAR ST	В	LACKFOOT	ID	USA	83221
DIRECTOR	LAYNE T. V.	ANORDEN	98 POPLAR ST	В	LACKFOOT	ID	USA	83221
DIRECTOR	OR GARY BAUMGARTNER		98 POPLAR ST	В	LACKFOOT	ID	USA	83221
DIRECTOR	RECTOR WAYNE BROWER		98 POPLAR ST	В	LACKFOOT	ID	USA	83221
DIRECTOR	R DEAN JONES		98 POPLAR ST	В	LACKFOOT	ID	USA	83221
DIRECTOR	ADAM WRAY	/, MD	98 POPLAR ST	В	LACKFOOT	ID	USA	83221
SECRETARY	JAKE ERICKS	SON	98 POPLAR	В	LACKFOOT	ID	USA	83221
DIRECTOR	TOR LINDA VALENTINE		98 POPLAR ST	В	LACKFOOT	ID	USA	83221
DIRECTOR	BRYCE JOLLI	ΞΥ	98 POPLAR ST	В	LACKFOOT	ID	USA	83221
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jake ERickson			Date: 05/15/2018			
C 167600		Name (type or print): Jake ERickson			Title: Manager			
Processed 05/15/2018	_	* Electronically provi	ded signatures are accepted as origi	nal signatu	res.		•	•