

No. W 42736		Due no later than Sep 30, 2017		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. L. LLC DR CALVIN BUHLER 2801 LOIS LN POCATELLO ID 83201		DR CALVIN BUHLER 2801 LOIS LN POCATELLO ID 83201	
				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
MANAGER	DR CALVIN BUHLER	2801 LOIS LN	POCATELLO	ID	83201
5. Organized Under the Laws of: ID W 42736		6. Annual Report must be signed.* Signature: Dr Calvin Buhler Name (type or print): Dr Calvin Buhler Date: 07/28/2017 Title: Manager			
Processed 07/28/2017		* Electronically provided signatures are accepted as original signatures.			