

1.) CORPORATION NAME:

B C T, INC.

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F0426157**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1111 West Jefferson Street
Suite 200

CITY/ST/ZIP: Boise, ID 83702

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Mark W Kowlzan	
TITLE:	PRESIDENT	
ADDRESS:	1111 West Jefferson Street Suite 200	
CITY/ST/ZIP/CO:	Boise, ID 83702	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Darla J Olivier	
TITLE:	VICE PRESIDENT	
ADDRESS:	1111 West Jefferson Street Suite 200	
CITY/ST/ZIP/CO:	Boise, ID 83702	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Kent A Pfloderer	
TITLE:	SECRETARY	
ADDRESS:	1111 West Jefferson Street Suite 200	
CITY/ST/ZIP/CO:	Boise, ID 83702	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Tony Steenkolk	
TITLE:	TREASURER	
ADDRESS:	1111 West Jefferson Street Suite 200	
CITY/ST/ZIP/CO:	Boise, ID 83702	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Darla J Olivier	Darla J Olivier, VICE PRESIDENT	3/22/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.