

|  |                |  |           |   |                     |
|--|----------------|--|-----------|---|---------------------|
| No. <b>W 69260</b>   |                | <b>Due no later than Dec 31, 2017</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>SHINDIGGS, LLC<br>JAMIE C. BAILEY<br>1499 FOXMORE<br>POCATELLO ID 83204<br>USA |           | JAMIE C BAILEY<br>117 S MAIN STREET<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   | JAMIE C BAILEY | 1499 FOXMORE   | POCATELLO | ID  | 83204               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 69260</b>   |                | 6. Annual Report must be signed.*<br>Signature: Jamie c. Bailey<br>Name (type or print): Jamie c. Bailey<br>Date: 02/28/2018<br>Title: Owner                                     |           |   |                     |
| Processed 02/28/2018   |                | * Electronically provided signatures are accepted as original signatures.  |           |   |                     |