| No. <b>W 117499</b>                                  |   | Due no later than Sep 30, 2017   |           | 2. Registered Agent and Address (NO PO BOX)   |         |             |  |
|--|---|--|-----------|---|---------|-------------|--|
| Return to:<br>SECRETARY OF STATE                     | 1 Mailing   | Annual Report Form  1. Mailing Address: Correct in this box if needed.  BOWDACIOUS BABY, LLC JENNIFER SCHRADE 2774 OWYHEE POCATELLO ID 83201 |           | LOWELL HAWKES 1322 E CENTER POCATELLO ID 83201  3. New Registered Agent Signature:* |         |             |  |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | BOWDACIO<br>JENNIFER S<br>2774 OWYH                             |  |           |   |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE             |   |  |           |   |         |             |  |
| 4. Limited Liability Companies: Ente                 | er Names and Addres   | sses of at least one Member or Manager.  |           |   |         |             |  |
| Office Held Name                                     |   | Street or PO Address   | City      | State   | Country | Postal Code |  |
| MEMBER JENNIFE                                       | R SCHRADE   | 2774 OWYHEE  | POCATELLO | ID  | USA     | 83201       |  |
| 5. Organized Under the Laws of:                      | Organized Under the Laws of:  6. Annual Report must be signed.* |  |           |   |         |             |  |
| ID   | Signature: Jennifer Schrade                                     |  |           | Date: 07/25/2017  |         |             |  |
| W 117499   | Name (type  | Name (type or print): Jennifer Schrade   |           | Title: Member   |         |             |  |
| Processed 07/25/2017                                 | * Electronically  | * Electronically provided signatures are accepted as original signatures.  |           |   |         |             |  |