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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------|---------|--------------------------------------|--|
| No. <b>W 118814</b>                                                                                                                                    |                      | <b>Due no later than Nov 30, 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>ENTREPRENEURIAL ENTERPRISES, LLC<br>GAIL BAUER-MONDINE<br>755 W ICE FALL DR #202<br>HAYDEN ID 83835 |        | TIM SILVA<br>755 W ICE FALL DR #202<br>HAYDEN ID 83835-4903 |         |                                      |  |
|                                                                                                                                                        |                      |                                                                                                                                                                                                   |        | 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                                                                                                                                                 | GAIL A BAUER-MONDINE | 755 W ICEFALL #202                                                                                                                                                                                | HAYDEN | ID                                                          | USA     | 83835                                |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 118814</b>                                                                                          |                      | 6. Annual Report must be signed.*<br>Signature: Gail A Bauer-Mondine<br>Name (type or print): Gail A Bauer-Mondine                                                                                |        |                                                             |         | Date: 10/26/2017<br>Title: Treasurer |  |
| Processed 10/26/2017                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                                                         |        |                                                             |         |                                      |  |