

|  |                     |  |             |   |         |             |  |
|--|---------------------|--|-------------|---|---------|-------------|--|
| No. <b>W 59481</b>   |                     | <b>Due no later than Feb 29, 2016</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>1. Mailing Address: Correct in this box if needed.</b><br><br>BAILEY LANE, LLC<br>KRISTINE RITCHIE<br>2255 GREENBRIER<br>IDAHO FALLS ID 83404 |             | BENJAMIN RITCHIE<br>412 W CENTER STE 2000<br>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 |  |
| MEMBER   | JAMES CRAIG RITCHIE | 2255 GREENBRIER  | IDAHO FALLS | ID  | USA     | 83404       |  |
| MEMBER   | KRISTINE RITCHIE    | 2255 GREENBRIER  | IDAHO FALLS | ID  |         | 83404       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 59481</b>   |                     | 6. Annual Report must be signed.*<br>Signature: KRISTINE RITCHIE<br>Name (type or print): KRISTINE RITCHIE                                       |             |   |         |             |  |
| Date: 02/25/2016<br>Title: MEMBER  |                     |  |             |   |         |             |  |
| Processed 02/25/2016   |                     | * Electronically provided signatures are accepted as original signatures.  |             |   |         |             |  |