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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------|---------------------|
| No. <b>W 34974</b>                                                                                                                                     |                | <b>Due no later than Dec 31, 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>IKE'S 66 LLC<br>NEIL WOOD<br>PO BOX 27<br>TERRETON ID 83450 |          | JARIN O HAMMER<br>2105 CORONADO ST<br>IDAHO FALLS ID 83404 |                     |
|                                                                                                                                                        |                |                                                                                                                                                               |          | 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                                                                                                                                                 | IKE TOMLINSON  | PO BOX 27                                                                                                                                                     | TERRETON | ID                                                         | 83450               |
| MEMBER                                                                                                                                                 | TERI TOMLINSON | PO BOX 27                                                                                                                                                     | TERRETON | ID                                                         | 83450               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 34974</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Candace Cope<br>Name (type or print): Candace Cope<br>Date: 11/03/2016<br>Title: Office Manager               |          |                                                            |                     |
| Processed 11/03/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                     |          |                                                            |                     |