No. **W 149371**	**Due no later than Mar 31, 2017** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** BLUE OCEAN REPOSITORIES, LLC CRAIG L PORTER 4232 W 1000 N REXBURG ID 83440	CRAIG L PORTER 4232 W 1000 N REXBURG ID 83440-8344 3. New 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	CRAIG L PORTER	4232 WEST 1000 NORTH	REXBURG	ID	USA	83440

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 149371**	Signature: Craig L Porter	Date: 01/21/2017
	Name (type or print): Craig L Porter	Title: Member

Processed 01/21/2017

* Electronically provided signatures are accepted as original signatures.