

|                                                                                                                                                        |                 |                                                                                                                                                              |             |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>C 147528</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>BAKKER ENTERPRISES, INC.<br>MARTIN F BAKKER<br>1655 1ST STREET<br>IDAHO FALLS ID 83401-4305 |             | MARTIN F BAKKER<br>249 BROOKSIDE DR<br>IDAHO FALLS ID 83404 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                              |             | 3. <u>New</u> Registered Agent Signature:*                  |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                 |                                                                                                                                                              |             |                                                             |         |             |  |
| Office Held                                                                                                                                            | Name            | Street or PO Address                                                                                                                                         | City        | State                                                       | Country | Postal Code |  |
| PRESIDENT                                                                                                                                              | MARTIN F BAKKER | 249 BROOKSIDE DRIVE                                                                                                                                          | IDAHO FALLS | ID                                                          | USA     | 83404-7243  |  |
| SECRETARY                                                                                                                                              | DARLA J BAKKER  | 249 BROOKSIDE DRIVE                                                                                                                                          | IDAHO FALLS | ID                                                          | USA     | 83404-7243  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 147528</b>                                                                                          |                 | 6. Annual Report must be signed.*<br>Signature: Robert D. Renna<br>Name (type or print): Robert D. Renna<br>Date: 12/29/2015<br>Title: Staff CPA             |             |                                                             |         |             |  |
| Processed 12/29/2015                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                    |             |                                                             |         |             |  |