No. W 119554		Due no later than Dec 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. 1545/57 BULLPEN, LLC DOUGLAS NELSON 2751 GLENWOOD DRIVE IDAHO FALLS ID 83404-1630		2. Registered Ag	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				490 MEMORIA	ROBERT POTTER 490 MEMORIAL DR STE B-5 IDAHO FALLS ID 83405-1630 3. New Registered Agent Signature:*			
				3. <u>New</u> Registere				
4. Limited Liability Compa	nies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER DOUGLAS NELS		ELSON	2751 GLENWOOD DRIVE	IDAHO FALLS	ID	USA	83404-1630	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: do		Date: 10/23/2015				
W 119554		Name (type or		Title: manager				
Processed 10/23/2015 * Electronically provided signatures are accepted as original signatures.								