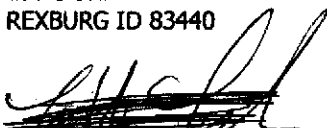





| No. <b>W 96375</b>  | <b>Due no later than Sep 30, 2017</b><br><b>Annual Report Form</b>  |                      | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>BLAIR FISHER<br>150 S 3RD E<br>REXBURG ID 83440                     |  |                        |   |                          |       |         |             |   |             |                     |         |     |     |       |   |              |             |         |     |     |       |   |                |             |         |     |     |       |  |  |  |  |  |  |  |
|---|---|----------------------|--|--|------------------------|---|--------------------------|-------|---------|-------------|---|-------------|---------------------|---------|-----|-----|-------|---|--------------|-------------|---------|-----|-----|-------|---|----------------|-------------|---------|-----|-----|-------|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>         RECEIVED BY DUE<br/>         DATE</b>  | 1. <b>Mailing Address: Correct in this box if needed.</b><br><br>ELEVEN BAR, LLC<br>BLAIR FISHER<br>150 S 3RD E<br>REXBURG ID 83440 USA   |                      | <br>3. <u>New</u> Registered Agent Signature. |  |                        |   |                          |       |         |             |   |             |                     |         |     |     |       |   |              |             |         |     |     |       |   |                |             |         |     |     |       |  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Todd Fisher</td> <td>4033 West 500 North</td> <td>Rexburg</td> <td>Ida</td> <td>USA</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Blair Fisher</td> <td>150 S 3rd E</td> <td>Rexburg</td> <td>Ida</td> <td>USA</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jeannie Fisher</td> <td>150 S 3rd E</td> <td>Rexburg</td> <td>Ida</td> <td>USA</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |   |                      |  | Manager or Member  | Name                   | Street or PO Address                        | City                     | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Todd Fisher | 4033 West 500 North | Rexburg | Ida | USA | 83440 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Blair Fisher | 150 S 3rd E | Rexburg | Ida | USA | 83440 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Jeannie Fisher | 150 S 3rd E | Rexburg | Ida | USA | 83440 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member   | Name  | Street or PO Address | City   | State  | Country                | Postal Code                                 |                          |       |         |             |   |             |                     |         |     |     |       |   |              |             |         |     |     |       |   |                |             |         |     |     |       |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>   | Todd Fisher   | 4033 West 500 North  | Rexburg  | Ida  | USA                    | 83440                                       |                          |       |         |             |   |             |                     |         |     |     |       |   |              |             |         |     |     |       |   |                |             |         |     |     |       |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>   | Blair Fisher  | 150 S 3rd E          | Rexburg  | Ida  | USA                    | 83440                                       |                          |       |         |             |   |             |                     |         |     |     |       |   |              |             |         |     |     |       |   |                |             |         |     |     |       |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>   | Jeannie Fisher  | 150 S 3rd E          | Rexburg  | Ida  | USA                    | 83440                                       |                          |       |         |             |   |             |                     |         |     |     |       |   |              |             |         |     |     |       |   |                |             |         |     |     |       |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |                      |  |  |                        |   |                          |       |         |             |   |             |                     |         |     |     |       |   |              |             |         |     |     |       |   |                |             |         |     |     |       |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><div style="text-align: center;"> <b>IDAHO</b><br/> <b>W 96375</b> </div>  | 6. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">           Signature:  </td> <td style="width: 30%;">           Date:<br/> <u>8-8-17</u> </td> </tr> <tr> <td>           Name (type or print):<br/> <u>Todd Fisher</u> </td> <td>           Title:<br/> <u>Manager</u> </td> </tr> </table> |                      |  | Signature:  | Date:<br><u>8-8-17</u> | Name (type or print):<br><u>Todd Fisher</u> | Title:<br><u>Manager</u> |       |         |             |   |             |                     |         |     |     |       |   |              |             |         |     |     |       |   |                |             |         |     |     |       |  |  |  |  |  |  |  |
| Signature:   | Date:<br><u>8-8-17</u>  |                      |  |  |                        |   |                          |       |         |             |   |             |                     |         |     |     |       |   |              |             |         |     |     |       |   |                |             |         |     |     |       |  |  |  |  |  |  |  |
| Name (type or print):<br><u>Todd Fisher</u>   | Title:<br><u>Manager</u>  |                      |  |  |                        |   |                          |       |         |             |   |             |                     |         |     |     |       |   |              |             |         |     |     |       |   |                |             |         |     |     |       |  |  |  |  |  |  |  |