| No. <b>C 110984</b>  |                                 | Due no later than Jun 30, 2018 Annual Report Form  1. Mailing Address: Correct in this box if needed.  COST PLUS OF IDAHO, INC.  BED BATH & BEYOND RISK MANAGEMENT 650 LIBERTY AVE UNION NJ 07083 |  | 2. Registered Agent and Address (NO PO BOX)   |          |            |                |
|--|---------------------------------|---|--|---|----------|------------|----------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |                                 |   |  | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713  3. New Registered Agent Signature:* |          |            |                |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine                 |                                 |   | resident, Secretary, and Directors. Treasure               |   |          |            |                |
| Office Held  | Name                            |   | Street or PO Address                                       | City  | State    | Country    | Postal Code    |
| DIRECTOR<br>SECRETARY  | BARRY J FELD<br>JANE L BAUGHMAN |   | 1201 MARINA VILLAGE PARKWAY<br>1201 MARINA VILLAGE PARKWAY | ALAMEDA<br>ALAMEDA  | CA<br>CA | USA<br>USA | 94501<br>94501 |
| 5. Organized Under the Laws of:  |                                 | 6. Annual Report must be signed.*   |  |   |          |            |                |
| ID<br>C 110984   |                                 | Signature: Jan  | Date: 06/18/2018   |   |          |            |                |
|  |                                 | Name (type or   | Title: SECRETARY   |   |          |            |                |
| Processed 06/18/2018 * Electronically provided signatures are accepted as original signatures. |                                 |   |  |   |          |            |                |