No. W 69204		Due no later than Dec 31, 2017 Annual Report Form		2. Registered A	2. Registered Agent and Address (NO PO BOX) BRUCE L SHIRLEY 2328 N 1000 W REXBURG ID 83440 3. New Registered Agent Signature:*			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BLUEGRASS EQUESTRIAN ESTATES LLC BRUCE L SHIRLEY 2328 N 1000 W REXBURG ID 83440		REXBURG II				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	es: Enter Nar	nes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER BRUCE L SHIRLEY MANAGER PAUL L SHIRLEY MANAGER LOLITA L SHIRLEY		RLEY	2328 N 1000 W 15945 CRESENT VALLEY 2328 N 1000 W	REXBURG OLALLA REXBURG	ID WA ID		83440 98359 83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 69204		Signature: Bru		Date: 12/14/2017				
		Name (type or		Title: Manager				
Processed 12/14/2017 * Electronically provided signatures are accepted as original signatures.								