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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 74742</b>                                                                                                                                     |                         | <b>Due no later than May 31, 2014</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>BUCKET IDEAS, LLC<br>JEFF ROBBINS<br>PO BOX 1811<br>IDAHO FALLS ID 83403<br>USA |       | JEFF ROBBINS<br>4029 RULON<br>AMMON ID 83406       |         |             |  |
|                                                                                                                                                        |                         |                                                                                                                                                  |       | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                         |                                                                                                                                                  |       |                                                    |         |             |  |
| Office Held                                                                                                                                            | Name                    | Street or PO Address                                                                                                                             | City  | State                                              | Country | Postal Code |  |
| MANAGER                                                                                                                                                | CONNIE MICHELLE ROBBINS | 4029 RULON                                                                                                                                       | AMMON | ID                                                 | USA     | 83406       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 74742</b>                                                                                           |                         | 6. Annual Report must be signed.*<br>Signature: Robert Crandall<br>Name (type or print): Robert Crandall<br>Date: 05/08/2014<br>Title: Attorney  |       |                                                    |         |             |  |
| Processed 05/08/2014                                                                                                                                   |                         | * Electronically provided signatures are accepted as original signatures.                                                                        |       |                                                    |         |             |  |