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|--|------------------|---|----------|--|---------|------------------------|--|
| No. W 63588 | | Due no later than Jun 30, 2015 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. BOTTLE BAY DOCK ASSOCIATION, LLC ELEANOR FISHER 133 SNOSHANE HILL ROAD/POB 531 SAGLE ID 83860 USA | | ELEANOR FISHER 133 SNOSHANE HILL ROAD SAGLE ID 83860 | | | |
| | | | | 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 | |
| MEMBER | CHARLES FISHER | 37 GILLETTE RD | GILLETTE | NJ | | 07933 | |
| MEMBER | ELEANOR FISHER | 37 GILLETTE RD | GILLETTE | NJ | | 07933 | |
| MEMBER | CHARLES P FISHER | 133 SNOSHANE HILL ROAD | SAGLE | ID | USA | 83860 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 63588 | | Signature: Eleanor Fisher | | | | Date: 04/30/2015 | |
| | | Name (type or print): Eleanor Fisher | | | | Title: Managing Member | |
| Processed 04/30/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |