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|--|----------------|--|----------|---|---------|------------------|--|--|--|
| No. C 112732 | | Due no later than Nov 30, 2017 | | Annual Report Form | | | | 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 | | 1. Mailing Address: Correct in this box if needed. BUBBLES, INC. BEKKI ANN MADRON 6437 COUGAR RIDGE DR LEWISTON ID 83501 USA | | BEKKI ANN MADRON 6437 COUGAR RIDGE DR LEWISTON ID 83501 | | | | 3. <u>New</u> Registered Agent Signature:* | |
| | | | | | | | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | | | |
| PRESIDENT | BEKKI A MADRON | 6437 COUGAR RIDGE DR | LEWISTON | ID | USA | 83501 | | | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID C 112732 | | Signature: Bekki ann madron | | | | Date: 12/19/2017 | | | |
| | | Name (type or print): Bekki ann madron | | | | Title: President | | | |
| Processed 12/19/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | | | |