

|                                                                                                                                                        |                   |                                                                                 |         |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 87696</b>                                                                                                                                     |                   | <b>Due no later than Oct 31, 2015</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>Annual Report Form</b>                                                       |         | TREVER EINERSON<br>87 ASH AVE<br>REXBURG ID 83440  |         |                  |  |
|                                                                                                                                                        |                   | <b>1. Mailing Address: Correct in this box if needed.</b>                       |         | 3. <u>New</u> Registered Agent Signature:*         |         |                  |  |
|                                                                                                                                                        |                   | SHOVELBACK HOLDINGS, LLC<br>TREVER J EINERSON<br>87 ASH AVE<br>REXBURG ID 83440 |         |                                                    |         |                  |  |
| 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                                                                                                                                                | TREVER J EINERSON | 87ASH AVE                                                                       | REXBURG | ID                                                 | USA     | 83440            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                               |         |                                                    |         |                  |  |
| <b>ID<br/>W 87696</b>                                                                                                                                  |                   | Signature: Trever J Einerson                                                    |         |                                                    |         | Date: 08/16/2015 |  |
|                                                                                                                                                        |                   | Name (type or print): Trever J Einerson                                         |         |                                                    |         | Title: Manager   |  |
| Processed 08/16/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.       |         |                                                    |         |                  |  |