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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 83976</b>                                                                                                                                     |             | Due no later than May 31, 2015                                                                                                                          |       | 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>BITTERSWEET VENTURES, LLC<br>SCOTT R SEEDALL<br>PO BOX 3179<br>IDAHO FALLS ID 83403<br>USA |       | SCOTT R SEEDALL<br>1192 S. 52ND E.<br>IDAHO FALLS 83401 |         |             |  |
|                                                                                                                                                        |             |                                                                                                                                                         |       | 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                                                                                                                                                | GREG BITTER | 3539 BRIAR CREEK LANE SUITE G                                                                                                                           | AMMON | ID                                                      | USA     | 83406       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 83976</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Scott Seedall<br>Name (type or print): Scott Seedall<br>Date: 04/01/2015<br>Title: Attorney             |       |                                                         |         |             |  |
| Processed 04/01/2015                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                               |       |                                                         |         |             |  |