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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------|---------|-------------|--|
| No. <b>C 160602</b>                                                                                                                                    |                      | <b>Due no later than May 31, 2018</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>BIG HORN COLLECTIBLES INC.<br>BYRON B BARKER<br>2106 E STATE ST STE B<br>EAGLE ID 83616 |       | BYRON BARKER<br>2106 E STATE ST STE C<br>EAGLE ID 83616 |         |             |  |
|                                                                                                                                                        |                      |                                                                                                                                                          |       | 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                                                                                                                                              | BYRON BARKER         | 2106 E STATE ST STE B                                                                                                                                    | EAGLE | ID                                                      | USA     | 83616       |  |
| SECRETARY                                                                                                                                              | LONNI LEAVITT-BARKER | 2106 E STATE ST STE B                                                                                                                                    | EAGLE | ID                                                      | USA     | 83616       |  |
| 5. Organized Under the Laws of:<br><br><b>AZ<br/>C 160602</b>                                                                                          |                      | 6. Annual Report must be signed.*<br>Signature: Byron Barker<br>Name (type or print): Byron Barker<br>Date: 03/28/2018<br>Title: President               |       |                                                         |         |             |  |
| Processed 03/28/2018                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                |       |                                                         |         |             |  |