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|---|---------------------------------|--|--|--|-------------|---------|----------------------|
| No. W 74742 | | Due no later than May 31, 2016 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 | | 1. Mailing Address: Correct in this box if needed. BUCKET IDEAS, LLC JEFF ROBBINS PO BOX 1811 IDAHO FALLS ID 83403 | | JEFF ROBBINS 4029 RULON AMMON ID 83406 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held MANAGER | Name CONNIE MICHELLE ROBBINS | Street or PO Address 4029 RULON | | City AMMON | State ID | Country | Postal Code 83406 |
| 5. Organized Under the Laws of: ID W 74742 | | 6. Annual Report must be signed.* Signature: ROBERT CRANDALL Name (type or print): ROBERT CRANDALL Date: 06/21/2016 Title: AGENT | | | | | |
| Processed 06/21/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |