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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 35224</b>                                                                                                                                     |                     | Due no later than Dec 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BOONDOX BUTTE, LLC<br>TRAVIS J MICHAELSON<br>PO BOX 45<br>MENAN ID 83434-0045 |       | TRAVIS J MICHAELSON<br>309 N 4300 E<br>RIGBY ID 83442 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                                                 |       | 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 |  |
| MEMBER                                                                                                                                                 | TRAVIS J MICHAELSON | PO BOX 45                                                                                                                                                                       | MENAN | ID                                                    | USA     | 83434-0045  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 35224</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Travis J. Michaelson<br>Name (type or print): Travis J. Michaelson<br>Date: 12/01/2015<br>Title: Member                         |       |                                                       |         |             |  |
| Processed 12/01/2015                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                       |       |                                                       |         |             |  |