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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------|------------------|-------------|--|
| No. <b>W 130265</b>                                                                                                                                    |                  | <b>Due no later than Oct 31, 2016</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>                                                                |       | HEIDI R MILLER<br>393 W STATE ST<br>STE F<br>EAGLE ID 83616-8361 |                  |             |  |
|                                                                                                                                                        |                  | <b>1. Mailing Address: Correct in this box if needed.</b>                                |       | 3. <u>New</u> Registered Agent Signature:*                       |                  |             |  |
|                                                                                                                                                        |                  | BATS XPRESS, LLC<br>HEIDI R R MILLER<br>393 W STATE ST<br>STE F<br>EAGLE ID 83616<br>USA |       |                                                                  |                  |             |  |
| 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                                                                                                                                                 | HEIDI R R MILLER | 393 W STATE ST STE F                                                                     | EAGLE | ID                                                               | USA              | 83616       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                        |       |                                                                  |                  |             |  |
| <b>ID<br/>W 130265</b>                                                                                                                                 |                  | Signature: Heidi R Miller                                                                |       |                                                                  | Date: 08/29/2016 |             |  |
|                                                                                                                                                        |                  | Name (type or print): Heidi R Miller                                                     |       |                                                                  | Title: Owner     |             |  |
| Processed 08/29/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                |       |                                                                  |                  |             |  |