No. <b>W 85383</b>		Due no later than Jul 31, 2016	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	PENELOPE PA	PENELOPE PARKER			
SECRETARY OF STATE	1. Ma	1. Mailing Address: Correct in this box if needed.  CRUMB GROUP LLC (THE)  JOHN COLEMAN  PO BOX 1293  TWIN FALLS ID 83301		320 MAIN AVE NORTH TWIN FALLS ID 83301  3. New Registered Agent Signature:*			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JOHN ( PO BOX						
NO FILING FEE IF							
RECEIVED BY DUE DATE							
4. Limited Liability Companies: Ent	er Names and Ad	ddresses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JOE SI	IELTON	PO BOX 1293	TWIN FALLS	ID	USA	83303-1293	
MEMBER MARK	WRIGHT	PO BOX 1293	TWIN FALLS	ID	USA	83303	
MEMBER MIKE A	RDEMA	PO BOX 1293	TWIN FALLS	ID	USA	83303	
5. Organized Under the Laws of:	6. Annual	Report must be signed.*					
ID	Signatu	ure: John Coleman		Date: 07/28/2016			
W 85383	Name (	Name (type or print): John Coleman		Title: Agent			
Processed 07/28/2016	* Electroni	* Electronically provided signatures are accepted as original signatures.					