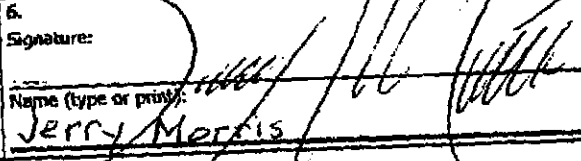


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No. W 35304	Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) JERRY MORRIS 1403 PENINSULA RD HOPE ID 83836																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. BUTTERFIELD STAGE L.L.C. 1403 PENINSULA RD HOPE ID 83836		3. New Registered Agent Signature.																																			
NO FILING FEE IF RECEIVED BY DUE DATE																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>Jerry Morris</td> <td>1403 Peninsula Rd</td> <td>Hope</td> <td>ID</td> <td>USA</td> <td>83836</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☐	Jerry Morris	1403 Peninsula Rd	Hope	ID	USA	83836	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 35304		6. Signature:  Name (type or print): Jerry Morris Date: 10-15-2014 Title: Manager																																				

Issued 10/15/2014 by JLI

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM