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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>W 107883</b>                                                                                                                                    |                    | Due no later than Oct 31, 2018                                                                                                                                                       |        | 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>BUTTERCUP LIFT, LLC<br>CHRISTOPHER P KIRK<br>15120 FAY RD<br>GRASS VALLEY CA 95949 |        | THOMAS J ANGSTMAN<br>3649 LAKE HARBOR LANE<br>BOISE ID 83703 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                                      |        | 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 |  |
| MANAGER                                                                                                                                                | CHRISTOPHER P KIRK | PO BOX 4345                                                                                                                                                                          | MCCALL | ID                                                           | USA     | 83638       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 107883</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: Christopher Kirk<br>Name (type or print): Christopher Kirk<br>Date: 08/19/2018<br>Title: Manager                                     |        |                                                              |         |             |  |
| Processed 08/19/2018                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                            |        |                                                              |         |             |  |