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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------------|---------|-------------------------|--|
| No. <b>W 60289</b>                                                                                                                                     |                 | <b>Due no later than Mar 31, 2014</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BIGWOOD BAKERY, LLC<br>JAMES R. LASKI LAWSON & LASKI PLLC<br>PO BOX 3310<br>KETCHUM ID 83340 |        | LAWSON & LASKI PLLC<br>675 SUN VALLEY RD STE A<br>KETCHUM ID 83340 |         |                         |  |
|                                                                                                                                                        |                 |                                                                                                                                                                                                |        | 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                                                                                                                                                 | GEORGE GOLLEHER | PO BOX 3629                                                                                                                                                                                    | HAILEY | ID                                                                 | USA     | 83333                   |  |
| MEMBER                                                                                                                                                 | RITA GOLLEHER   | PO BOX 3629                                                                                                                                                                                    | HAILEY | ID                                                                 | USA     | 83333                   |  |
| 5. Organized Under the Laws of:                                                                                                                        |                 | 6. Annual Report must be signed.*                                                                                                                                                              |        |                                                                    |         |                         |  |
| <b>ID<br/>W 60289</b>                                                                                                                                  |                 | Signature: James R. Laski                                                                                                                                                                      |        |                                                                    |         | Date: 02/05/2014        |  |
|                                                                                                                                                        |                 | Name (type or print): James R. Laski                                                                                                                                                           |        |                                                                    |         | Title: Registered Agent |  |
| Processed 02/05/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                                      |        |                                                                    |         |                         |  |