Annual Report Form 1. Mailing Address - Correct in this box, if applicable STITCHES LLC RANCES MILLER 14 S OPAL OISE, ID 83705 Enter Names and Addresses of Members. Street or P.O. Address	614 S BOIS	NCES MILLER S OPAL SE, ID 83705 SW Registered A	gent Signature
I STITCHES LLC RANCES MILLER 14 S OPAL OISE, ID 83705 Enter Names and Addresses of Members.	3. <u>Ne</u>	SE, ID 83705 SW Registered A	gent Signature
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6. Signature Samue Q7	Mu		08-06
Name Printed or FRANCES A. M.I.	lec	Title _ <i>OW</i>	INER
	6. Signature AMWO Q/M Name (Typed or FRANCE'S A. M.)	6. Signature AMBOMUM Name (Typed or FRANCE'S A. Milless	6. Signature AMB QIMM Date //-