

|   |                |   |  |   |       |         |             |
|---|----------------|---|--|---|-------|---------|-------------|
| No. <b>W 2663</b>   |                | <b>Due no later than Jul 31, 2014</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )            |       |         |             |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080  |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>ANNIE ENTERPRISES, L.L.C.<br>CAROL ANN MOTE<br>600 HUBBARD ST #42<br>COEUR D'ALENE ID 83814<br>USA |  | CAROL ANN MOTE<br>600 HUBBARD AVE #42<br>COEUR D'ALENE ID 83814 |       |         |             |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>  |                |   |  | 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  | CAROL ANN MOTE | 3594 FAIRWAY DR   |  | COEUR D'ALENE   | ID    | USA     | 83814       |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 2663</b>                                   |                | 6. Annual Report must be signed.*<br><br>Signature: C. Ann Mote<br>Name (type or print): C. Ann Mote<br><br>Date: 05/12/2014<br>Title: Managing Member              |  |   |       |         |             |
| Processed 05/12/2014      * Electronically provided signatures are accepted as original signatures. |                |   |  |   |       |         |             |