

|                                                                                                                                                        |             |                                                                                                                                                                                                |           |                                                             |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------------------------------|---------------------|
| No. <b>W 78820</b>                                                                                                                                     |             | <b>Due no later than Oct 31, 2016</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>CHRISTINE'S HERB'S & THINGS, L.L.C.<br>CHRISTINE WOOD<br>65 S BROADWAY<br>BLACKFOOT ID 83221 |           | DEBRA CHRISTINE WOOD<br>65 S BROADWAY<br>BLACKFOOT ID 83221 |                     |
|                                                                                                                                                        |             |                                                                                                                                                                                                |           | 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                                                                                                                                                 | LANE D WOOD | 330 NSPRUCE                                                                                                                                                                                    | BLACKFOOT | ID                                                          | USA 83221           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 78820</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Christine Wood<br>Name (type or print): Christine Wood<br>Date: 09/13/2016<br>Title: Owner                                                     |           |                                                             |                     |
| Processed 09/13/2016                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                                      |           |                                                             |                     |