

| | | | | | |
|--|--------------------|--|-------------|--|---------------------|
| No. W 61118 | | Due no later than Apr 30, 2017 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. SISTERS, LLC (THE) SUSAN K NELSEN 152 HAVEN LN IDAHO FALLS ID 83404 | | SUSAN K NELSEN 152 HAVEN LN IDAHO FALLS ID 83404 | |
| | | | | 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 | SUSAN K NELSEN | 152 HAVEN LN | IDAHO FALLS | ID | 83404 |
| MEMBER | LORAIN K MANWARING | 700 SCOTT STREET | TROY | ID | 83871 |
| 5. Organized Under the Laws of: ID W 61118 | | 6. Annual Report must be signed.* Signature: Susan K. Nelsen Name (type or print): Susan K. Nelsen Date: 04/28/2017 Title: Member | | | |
| Processed 04/28/2017 | | * Electronically provided signatures are accepted as original signatures. | | | |