| No. W 154498 | | Due no later than Jul 31, 2018 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------|---------|-------------|--|
| Return to: SECRETARY OF STATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. JACKALOPE TATTOO GALLERY, LLC CHRIS R EDMONDSON 502 CEDAR ST H SANDPOINT ID 83864 | | 000 14/ 144 141 | UNITED STATES CORPORATION AGEN 800 W MAIN ST STE 1460 BOISE ID 83702 3. New Registered Agent Signature:* | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | BOISE ID 8 | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compa | nies: Enter Na | mes and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | CHRIS R ED | DMONDSON | 502 CEDAR ST | SANDPOINT | ID | USA | 83864 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Christopher Edmondson | | | Date: 05/26/2018 | | | |
| W 154498 | | Name (type or | print): Christopher Edmondson | | Title: Operator/ owner | | | |
| Processed 05/26/2018 | | ovided signatures are accepted as origina | al signatures. | | | | | |