

|  |                    |  |             |   |         |                  |  |
|--|--------------------|--|-------------|---|---------|------------------|--|
| No. <b>W 108069</b>  |                    | <b>Due no later than Nov 30, 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>1. Mailing Address: Correct in this box if needed.</b><br>A.J.'S CHILDREN'S BOOKS LLC<br>CATHERINE ANN IRVING<br>PO BOX 140343<br>BOISE ID 83714-0343 |             | CATHERINE ANN IRVING<br>5539 CATTAIL WAY<br>BOISE ID 83703-0343 |         |                  |  |
|  |                    |  |             | 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   | AMANDA JEAN IRVING | 5139 WEST ELAYNEA LANE   | GARDEN CITY | ID  | USA     | 83714            |  |
| 5. Organized Under the Laws of:  |                    | 6. Annual Report must be signed.*  |             |   |         |                  |  |
| <b>ID<br/>W 108069</b>   |                    | Signature: Amanda Jean Irving  |             |   |         | Date: 10/24/2016 |  |
|  |                    | Name (type or print): Amanda Jean Irving   |             |   |         | Title: Member    |  |
| Processed 10/24/2016   |                    | * Electronically provided signatures are accepted as original signatures.  |             |   |         |                  |  |