| No. <b>C 191990</b>  |           | Due no later than Aug 31, 2013   |  | 2. Registered Agent and Address (NO PO BOX)  |                  |       |         |             |
|--|-----------|--|--|--|------------------|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080             |           | Annual Report Form  1. Mailing Address: Correct in this box if needed.  CRAFT SUPPLIES FOR LESS, INC. 6280 E SELTICE WAY STE A POST FALLS ID 83854 |  | MARIANN RECTOR 1448 W COQUILLE CT POST FALLS ID 83854  3. New Registered Agent Signature:* |                  |       |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine                 |           | ness Addresses of  | President, Secretary, and Directors. T | reasurer (   | optional).       |       |         |             |
| Office Held  | Name      |  | Street or PO Address                   |  | City             | State | Country | Postal Code |
| PRESIDENT  | MARIANN R | ECTOR  | 1448 W COQUILLE CT                     |  | POST FALLS       | ID    | USA     | 83854       |
| 5. Organized Under the Laws of:  |           | 6. Annual Report must be signed.*  |  |  |                  |       |         |             |
| OR<br>C 191990   |           | Signature: Mariann Rector  |  |  | Date: 08/26/2013 |       |         |             |
|  |           | Name (type or print): Mariann Rector   |  |  | Title: President |       |         |             |
| Processed 08/26/2013 * Electronically provided signatures are accepted as original signatures. |           |  |  |  |                  |       |         |             |