| No. W 95334 Return to: | | Due no later than Aug 31, 2016 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) TARA NIELSEN | | | |
|--|--------------------|---|-------------------|---|-------|---------|-------------|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. RED FRENZY, LLC TARA NIELSEN 954 E OPUS ST BOISE ID 83716 | | 954 E OPUS ST BOISE ID 83716-8371 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Com | npanies: Enter Nar | nes and Addresses of at least one Me | ember or Manager. | | | | |
| Office Held | Name | Street or P | O Address | City | State | Country | Postal Code |
| MANAGER TARA NIELSEN | | EN 954 E OPU: | S ST | BOISE | ID | USA | 83716 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID | | Signature: Tara | Date: 09/25/2016 | | | | |
| W 95334 | | Name (type or print): Tara | Title: Manager | | | | |
| Processed 09/25/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | |