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| No. W 152549 | Due no later than Jun 30, 2016 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) TAMMY C OBERG 2948 E LINCOLN RD IDAHO FALLS ID 83401 | |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. OBERGS GIFTS LLC TAMMY C OBERG 2948 E LINCOLN RD IDAHO FALLS ID 83401 | | 3. New Registered Agent Signature. | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. | | | | |
| Manager or Member | Name | Street or PO Address | City | State Country Postal Code |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Tammy Oberg 2948 E Lincoln Rd IF 83401 | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | |
| 5. Organized Under the Laws of: | | 6. | | |
| IDAHO W 152549 | | Signature: <u>Tammy C Oberg</u> Date: <u>oops</u> Name (type or print): <u>Tammy C Oberg</u> Title: <u>7-6-16</u> <u>owner</u> | | |
| Issued 06/23/2016 by DK1 104163 | | | | |

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**