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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------------|---------|----------------------|--|
| No. <b>W 117902</b>                                                                                                                                    |                         | <b>Due no later than Oct 31, 2017</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>JENNIFER BALDWIN DESIGN, LLC<br>JENNIFER BALDWIN-LOSCHI<br>409 S. POND ST<br>BOISE ID 83705 |       | JENNIFER BALDWIN-LOSCHI<br>409 S. POND ST<br>BOISE ID 83705 |         |                      |  |
|                                                                                                                                                        |                         |                                                                                                                                                          |       | 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          |  |
| MANAGER                                                                                                                                                | JENNIFER BALDWIN-LOSCHI | 409 S. POND ST                                                                                                                                           | BOISE | ID                                                          | USA     | 83705                |  |
| 5. Organized Under the Laws of:                                                                                                                        |                         | 6. Annual Report must be signed.*                                                                                                                        |       |                                                             |         |                      |  |
| <b>ID<br/>W 117902</b>                                                                                                                                 |                         | Signature: Jennifer Baldwin-Loschi                                                                                                                       |       |                                                             |         | Date: 09/20/2017     |  |
|                                                                                                                                                        |                         | Name (type or print): Jennifer Baldwin-Loschi                                                                                                            |       |                                                             |         | Title: Owner Manager |  |
| Processed 09/20/2017                                                                                                                                   |                         | * Electronically provided signatures are accepted as original signatures.                                                                                |       |                                                             |         |                      |  |