

No. <b>W 102688</b>	<b>Due no later than Apr 30, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )				
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	<b>1. Mailing Address: Correct in this box if needed.</b>  EXCHANGING FACES LLC 3043 N FLORENCE CT POST FALLS ID 83854		JAMIE JACOBSON 3043 N FLORENCE CT POST FALLS ID 83854				
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature:*				
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JAMIE A JACOBSON	Street or PO Address 3043 N. FLORENCE CT.	City POST FALLS	State ID	Country USA	Postal Code 83854	
5. Organized Under the Laws of:  <b>ID</b> <b>W 102688</b>	6. Annual Report must be signed.*  Signature: Jamie Jacobson Name (type or print): Jamie Jacobson						Date: 04/30/2013 Title: President
Processed 04/30/2013	* Electronically provided signatures are accepted as original signatures.						