No. W 101714		Due no later than Mar 31, 2012	2	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JARED H RICKS 927 N 900 E SHELLEY ID 83274 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if neede STICKY APRON STRINGS, LLC JARED H RICKS PO BOX 309 BLACKFOOT ID 83221					
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
4. Limited Liability Comp	oanies: Enter Nar	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
MANAGER	JARED H RI	CKS 927 N 900 E		SHELLEY	ID	USA	83274
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Jared H. Ricks		Date: 02/07/2012			
W 101714		Name (type or print): Jared H. Ricks		Title: Manager			
Processed 02/07/2012 * Electronically provided signatures are accepted as original signatures.							