

No. W 116240		Due no later than Aug 31, 2013		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. RE' ECLECTIQUE L.L.C. SHERRI BIORN 1223 S LEE AVE IDAHO FALLS ID 83404		SHERRI BIORN 1223 S LEE AVE IDAHO FALLS ID 83404	
				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	SHERRI LEE BIORN	1223 S. LEE AVE	IDAHO FALLS	ID	USA 83404
5. Organized Under the Laws of: ID W 116240		6. Annual Report must be signed.* Signature: Sherri Biorn Name (type or print): Sherri Biorn Date: 09/18/2013 Title: Owner			
Processed 09/18/2013		* Electronically provided signatures are accepted as original signatures.			