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| No. W 120711 | Due no later than Jan 31, 2016 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) |
| 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. INDELIBLE FINGERPRINTS LLC 1226 W BUCKLES AVE HAYDEN ID 83835-8902 3033 W Versailles Drive Coeur D Alene ID 83815-8193 | | MELISSA LEONARDI Kauffman 1226 W BUCKLES AVE HAYDEN ID 83835-8902 3033 W Versailles Drive Coeur D Alene ID 83815-8193 |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | 3. New Registered Agent Signature. |
| 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"/> | Melissa Kauffman | 3033 W Versailles Drive | Coeur D Alene ID US 83815-8193 |
| 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 120711 | | Signature: <u>Melissa Kauffman</u> | |
| | | Name (type or print): <u>Melissa Kauffman</u> | |
| | | Date: <u>January 15, 2016</u> | Title: <u>Manager</u> |