

|  |                  |   |          |   |         |                  |  |
|--|------------------|---|----------|---|---------|------------------|--|
| No. <b>W 127078</b>  |                  | <b>Due no later than Jul 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>MOTIONS DANCE STUDIO, LLC<br>BRIANNA L NELSON<br>587 E BLUE HERON ST.<br>MERIDIAN ID 83646 |          | BRIANNA L NELSON<br>587 E BLUE HERON ST.<br>MERIDIAN ID 83646 |         |                  |  |
|  |                  |   |          | 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      |  |
| MEMBER   | BRIANNA L NELSON | 587 E BLUE HERON ST.  | MERIDIAN | ID  | USA     | 83646            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*   |          |   |         |                  |  |
| <b>ID<br/>W 127078</b>   |                  | Signature: Brianna L Nelson   |          |   |         | Date: 05/30/2017 |  |
|  |                  | Name (type or print): Brianna L Nelson  |          |   |         | Title: Owner     |  |
| Processed 05/30/2017   |                  | * Electronically provided signatures are accepted as original signatures.   |          |   |         |                  |  |