

No. W 107876	Due no later than Oct 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) Need to Appoint <i>Maggie Williamson</i> <i>4065 N Chatterton Ave</i> <i>Boise, ID 83713</i>							
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. STRONG MOM L.L.C. MAGGIE H. WILLIAMSON 4065 N CHATTERTON AVE BOISE ID 83713		3. <u>New</u> Registered Agent Signature. 							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.										
<table border="0" style="width: 100%;"> <tr> <td style="width: 15%;">Manager or Member</td> <td style="width: 15%;">Name</td> <td style="width: 30%;">Street or PO Address</td> <td style="width: 10%;">City</td> <td style="width: 10%;">State</td> <td style="width: 10%;">Country</td> <td style="width: 10%;">Postal Code</td> </tr> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>Maggie Williamson</i>	<i>4065 N Chatterton Ave Boise</i>	<i>ID</i>	<i>Ada</i>	<i>83713</i>					
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: IDAHO W 107876	6. Signature:  Name (type or print): <u><i>Maggie H. Williamson</i></u>		Date: <u><i>11-11-16</i></u> Title: <u><i>Manager</i></u>							
Issued 11/01/2016 by SLD			108148							