| No. <b>W 116257</b>  | Due no later than Aug 31, 2014  |   | 2. Registered    | 2. Registered Agent and Address (NO PO BOX)                           |         |             |  |
|--|---|---|------------------|---|---------|-------------|--|
| Return to:   | Annual Report Form  |   |                  | LYNNE W SPENCER   |         |             |  |
| SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | HONEYSUCKLE<br>LYNNE W SPE<br>27717 N. FALL                               | 1. Mailing Address: Correct in this box if needed.  HONEYSUCKLE HILL HERBAL, LLC LYNNE W SPENCER 27717 N. FALL ST. ATHOL ID 83801 |                  | 27717 N. FALL ST. ATHOL ID 83801  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |   |   |                  |   |         |             |  |
| 4. Limited Liability Companies: Enter Na   | ames and Addresse   | s of at least one Member or Manager.  |                  |   |         |             |  |
| Office Held Name   |   | Street or PO Address  | City             | State   | Country | Postal Code |  |
| MANAGER LYNNE W. SPENCER   |   | 27717 N. FALL ST.   | ATHOL            | ID  | USA     | 83801       |  |
| Organized Under the Laws of:  6. Annual Report must be signed.*                  |   |   |                  |   |         |             |  |
| ID   | Signature: Lyr  |   | Date: 06/10/2014 |   |         |             |  |
| W 116257   | Name (type or   |   | Title: Manager   |   |         |             |  |
| Processed 06/10/2014   | * Electronically provided signatures are accepted as original signatures. |   |                  |   |         |             |  |