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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------------|---------|------------------|--|
| No. <b>W 107531</b>                                                                                                                                    |                   | <b>Due no later than Oct 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>SVENSK PRODUKTION & DESIGN LLC<br>EVA BETTY DEWOLFE<br>PO BOX 4869<br>KETCHUM ID 83340 |         | EVA BETTY DEWOLFE<br>205 RAMONA LANE<br>KETCHUM ID 83340 |         |                  |  |
|                                                                                                                                                        |                   |                                                                                                                                                     |         | 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                                                                                                                                                | EVA BETTY DEWOLFE | PO BOX 4869                                                                                                                                         | KETCHUM | ID                                                       | USA     | 83340            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                   |         |                                                          |         |                  |  |
| <b>ID<br/>W 107531</b>                                                                                                                                 |                   | Signature: Eva DeWolfe                                                                                                                              |         |                                                          |         | Date: 11/30/2017 |  |
|                                                                                                                                                        |                   | Name (type or print): Eva DeWolfe                                                                                                                   |         |                                                          |         | Title: Manager   |  |
| Processed 11/30/2017                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                           |         |                                                          |         |                  |  |