

|                                                                                                                                                        |                   |                                                                                                                                                         |          |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 124799</b>                                                                                                                                    |                   | <b>Due no later than Apr 30, 2016</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><br>URBAN POCKETBOOK L.L.C.<br>KIMBERLY JO MILLER<br>249 W LAVA FALLS<br>MERIDIAN ID 83646 |          | KIMBERLY MILLER<br>249 W LAVA FALLS<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 |  |
| MANAGER                                                                                                                                                | KIMBERLY J MILLER | 249 W LAVA FALLS                                                                                                                                        | MERIDIAN | ID                                                       | USA     | 83646       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 124799</b>                                                                                          |                   | 6. Annual Report must be signed.*<br>Signature: Kimberly Miller<br>Name (type or print): Kimberly Miller<br>Date: 04/29/2016<br>Title: Owner            |          |                                                          |         |             |  |
| Processed 04/29/2016                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                               |          |                                                          |         |             |  |