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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------|---------------------|
| No. <b>W 131614</b>                                                                                                                                    |             | Due no later than Nov 30, 2015                                                                                                                                                                |               | 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CHEERS AND JEERS MAIL, LLC<br>JAMIE KNOTT<br>764 N GOVERNMENT WAY<br>COEUR D ALENE ID 83814 |               | JAMIE KNOTT<br>764 N GOVERNMENT WAY<br>COEUR D ALENE ID 83814 |                     |
|                                                                                                                                                        |             |                                                                                                                                                                                               |               | 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                                                                                                                                                 | JAMIE KNOTT | 764 N GOVERNMENT WAY                                                                                                                                                                          | COEUR D ALENE | ID                                                            | USA 83814           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 131614</b>                                                                                          |             | 6. Annual Report must be signed.*<br>Signature: Jamie Knott<br>Name (type or print): Jamie Knott<br>Date: 10/19/2015<br>Title: Owner                                                          |               |                                                               |                     |
| Processed 10/19/2015                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |               |                                                               |                     |