

No. W 61268	Due no later than Apr 30, 2018 Annual Report Form			2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MARLENE COMBE 4293 E FRANKLIN RD NAMPA ID 83687			
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  MARLENE'S HAPPY FEET, LLC MARLENE COMBE 4293 E FRANKLIN RD NAMPA ID 83687			3. New Registered Agent Signature.			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>							
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Marlene Combe 4293 E Franklin Rd Nampa Id USA 83687						
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 61268		6. Signature: <u>Marlene E Combe</u>					Date: <u>3-6-18</u>
		Name (type or print): <u>Marlene E Combe</u>					Title: <u>Owner</u>

Issued 02/27/2018 by SLD

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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM