

No. W 61268	Due no later than Apr 30, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MARLENE'S HAPPY FEET, LLC MARLENE COMBE 4293 E FRANKLIN RD NAMPA ID 83687		3. <u>New</u> Registered Agent Signature.				
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"/> <u>Marlene Combe</u> <u>4293 E Franklin Rd</u> <u>Nampa</u> <u>Id</u> <u>USA</u> <u>83687</u>							
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: <div style="text-align: center; font-size: large;"> IDAHO W 61268 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> Signature: <u>Marlene E Combe</u> </td> <td style="width: 40%;"> Date: <u>3-6-18</u> </td> </tr> <tr> <td> Name (type or print): <u>Marlene E Combe</u> </td> <td> Title: <u>Owner</u> </td> </tr> </table>		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>
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		110642					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM