No. W 84745		Due no later than Jun 30, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		MATTHEW W STEVENS				
SECRETARY OF STATE	1. Mailing A	1. Mailing Address: Correct in this box if needed. COMPLEMENT STUDIO, LLC MATTHEW W STEVENS 506 W BRODERICK DR		506 W BRODERICK DR MERIDIAN ID 83646-8364				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MATTHEW W			MERIDIAN ID 630-0-630-				
	MERIDIAN ID	MERIDIAN ID 83646		3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Er	nter Names and Addresse	s of at least one Member or Manager.						
Office Held Name	2	Street or PO Address	City	State	Country	Postal Code		
MEMBER MATT	HEW W STEVES	506 W BRODERICK DR	MERIDIAN	ID	USA	83646		
5. Organized Under the Laws of: 6. Annual Report must be signed.*		must be signed.*						
ID	Signature: Ma	Signature: Matthew Stevens		Date: 04/23/2016				
W 84745	Name (type o	Name (type or print): Matthew Stevens			Title: Owner			
Processed 04/23/2016	* Electronically p	* Electronically provided signatures are accepted as original signatures.						