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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------------------|
| No. <b>W 26535</b>                                                                                                                                     |                     | <b>Due no later than Oct 31, 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>Annual Report Form</b>                                                                                                                         |       | PAUL J KIMMELL<br>1037 FOUR MILE RD<br>VIOLA ID 83872 |                     |
|                                                                                                                                                        |                     | <b>1. Mailing Address: Correct in this box if needed.</b>                                                                                         |       |                                                       |                     |
|                                                                                                                                                        |                     | THORNBERRY DESIGN, LLC<br>CONSTANCE G KIMMELL<br>1037 FOUR MILE RD<br>VIOLA ID 83872                                                              |       | 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                                                                                                                                                 | PAUL J KIMMELL      | 1037 FOUR MILE RD                                                                                                                                 | VIOLA | ID                                                    | 83872               |
| MEMBER                                                                                                                                                 | CONSTANCE G KIMMELL | 1037 FOUR MILE RD                                                                                                                                 | VIOLA | ID                                                    | 83872               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 26535</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Constance Kimmell<br>Name (type or print): Constance Kimmell<br>Date: 10/24/2016<br>Title: Member |       |                                                       |                     |
| Processed 10/24/2016                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                         |       |                                                       |                     |