| No. <b>W 27508</b>   |      | Due no later than Dec 31, 2015  |                      | 2 | 2. Registered Agent and Address (NO PO BOX)  |       |         |             |
|--|------|---|----------------------|---|--|-------|---------|-------------|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |      | Annual Report Form  1. Mailing Address: Correct in this box if needed.  BLESSINGS, L.L.C. LEA FLOCCHINI  101 GERONIMO DR  HAILEY ID 83333 |                      | _ | LEA FLOCCHINI 101 GERONIMO DR HAILEY ID 83333  3. New Registered Agent Signature:* |       |         |             |
| NO FILING FEE IF RECEIVED BY DUE DATE  |      |   |                      |   |  |       |         |             |
| 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 LEA FLOCCHINI   |      | INI   | 101 GERONIMO         |   | HAILEY   | ID    |         | 83333       |
| 5. Organized Under the Laws of:  |      | 6. Annual Report must be signed.*   |                      |   |  |       |         |             |
| ID<br>W 27508  |      | Signature: LEA FLOCCHINI  |                      |   | Date: 11/29/2015   |       |         |             |
|  |      | Name (type or print): LEA FLOCCHINI   |                      |   | Title: OWNER   |       |         |             |
| Processed 11/29/2015 * Electronically provided signatures are accepted as original signatures. |      |   |                      |   |  |       |         |             |