

No. W 102688		Due no later than Apr 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. EXCHANGING FACES LLC 3689 W. CHUKAR LOOP #201 POST FALLS ID 83854		JAMIE JACOBSON 3689 W. CHUKAR LOOP #201 POST FALLS ID 83854			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JAMIE A JACOBSON	Street or PO Address 3689 W. CHUKAR LOOP #201		City POST FALLS	State ID	Country USA	Postal Code 83854
5. Organized Under the Laws of: ID W 102688		6. Annual Report must be signed.* Signature: Jamie A. Jacobson Name (type or print): Jamie A. Jacobson Date: 04/28/2014 Title: Manager					
Processed 04/28/2014 * Electronically provided signatures are accepted as original signatures.							