

No. W 130160	Due no later than Oct 31, 2015 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) CHARLOTTE RODGERS-ROE 501 EAST 12TH POST FALLS ID 83854																																			
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. INTERIORS BY CHARLOTTE L.L.C. CHARLOTTE RODGERS-ROE 501 EAST 12TH POST FALLS ID 83854	3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 5%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Charlotte Rodgers-Roe</td> <td>501 E 12</td> <td>Post Falls</td> <td>Id</td> <td></td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Charlotte Rodgers-Roe	501 E 12	Post Falls	Id		83854	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 130160 </div>	6. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <u><i>Charlotte Rodgers-Roe</i></u> </td> <td style="width: 30%;"> Date: <u>8-21-15</u> </td> </tr> <tr> <td> Name (type or print): <u>Charlotte Rodgers-Roe</u> </td> <td> Title: _____ </td> </tr> </table>		Signature: <u><i>Charlotte Rodgers-Roe</i></u>	Date: <u>8-21-15</u>	Name (type or print): <u>Charlotte Rodgers-Roe</u>	Title: _____																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM