

|  |                   |  |          |  |                     |
|--|-------------------|--|----------|--|---------------------|
| No. <b>W 94826</b>   |                   | <b>Due no later than Jul 31, 2012</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>  |          | KIMBERLY E NILSEN<br>13253 KOKANEE DR<br>DONNELLY ID 83615 |                     |
|  |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br>ARTFUL SIMPLICITY, LLC<br>KIMBERLY E NILSEN<br>PO BOX 471<br>DONNELLY ID 83615<br>USA   |          | 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 |
| MANAGER  | KIMBERLY E NILSEN | PO BOX 471 13253 KOKANEE DR  | DONNELLY | ID   | USA 83615           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 94826</b>   |                   | 6. Annual Report must be signed.*<br>Signature: Kimberly E. Nilsen<br>Name (type or print): Kimberly E. Nilsen<br>Date: 07/07/2012<br>Title: Manager |          |  |                     |
| Processed 07/07/2012   |                   | * Electronically provided signatures are accepted as original signatures.  |          |  |                     |