| No. W 78234 | | Due no later than Oct 31, 2015 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-------------------------------------|---|--|------------------------|---|---------|----------------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MADSEN ORIGINALS, LLC PRISCILLA A MADSEN 3613 BLOSSOM WAY CALDWELL ID 83605 | | 3613 BLOSS | PRISCILLA A MADSEN 3613 BLOSSOM WAY CALDWELL ID 83605 | | | |
| | | | | 3. <u>New</u> Register | 3. New Registered Agent Signature:* | | | |
| | | nes and Address | ses of at least one Member or Manager. | CH | 61.1 | | D | |
| Office Held MEMBER | Name | CEN. | Street or PO Address 3613 BLOSSOM WAY | City CALDWELL | State ID | Country | Postal Code 83605 | |
| MANAGER | KARL P MADSEN PRISCILLA A MADSEN | | 3613 BLOSSOM WAY | CALDWELL | ID | USA | 83605 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Priscilla Madsen Date: 10/28 | | | 0/28/2015 | | | |
| W 78234 | | Name (type | or print): Priscilla Madsen | | Title: Owner | | | |
| Processed 10/28/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |