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|--|----------------------------|--|--------|--|---------|------------------|--|
| No. W 40651 | | Due no later than Jun 30, 2012 | | 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 | | PATRICIA TRAPNELL 15 KEARSLEY LANE VICTOR ID 83455 | | | |
| | | 1. Mailing Address: Correct in this box if needed. PATRICIA TRAPNELL INTERIOR DESIGN, LIMITED LIABILITY COMPANY PATRICIA TRAPNELL CRAWFORD PO BOX 458 VICTOR ID 83455 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 | |
| MEMBER | PATRICIA TRAPNELL CRAWFORD | PO BOX 458 | VICTOR | ID | USA | 83455 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 40651 | | Signature: Patricia Trapnell Crawford | | | | Date: 05/08/2012 | |
| | | Name (type or print): Patricia Trapnell Crawford | | | | Title: Member | |
| Processed 05/08/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |