

|                                                                                                                                                        |                    |                                                                                                                                                    |          |                                                            |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 105178</b>                                                                                                                                    |                    | <b>Due no later than Jul 31, 2014</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>1. Mailing Address: Correct in this box if needed.</b><br><br>CLASSY CRICKET LLC.<br>KIMBERLY JOHNSON<br>580 W LAUGHTON DR<br>MERIDIAN ID 83646 |          | KIMBERLY JOHNSON<br>580 W LAUGHTON DR<br>MERIDIAN ID 83646 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                                    |          | 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                                                                                                                                                 | KIMBERLY B JOHNSON | 580 WEST LAUGHTON DRIVE                                                                                                                            | MERIDIAN | ID                                                         | USA     | 83646            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                  |          |                                                            |         |                  |  |
| <b>ID<br/>W 105178</b>                                                                                                                                 |                    | Signature: Kimberly Johnson                                                                                                                        |          |                                                            |         | Date: 08/14/2014 |  |
|                                                                                                                                                        |                    | Name (type or print): Kimberly Johnson                                                                                                             |          |                                                            |         | Title: Owner     |  |
| Processed 08/14/2014                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                          |          |                                                            |         |                  |  |