

| | | | | | | |
|--|---|--|----------|-------|---------|-------------|
| No. W 40240 | Due no later than Jun 30, 2012 Annual Report Form | 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 | 1. Mailing Address: Correct in this box if needed. WRITE ON-CREATIVE WRITING SERVICES LLC LISA MANYON 710 AIRWAY AVE LEWISTON ID 83504 | LISA MANYON 710 AIRWAY AVE LEWISTON ID 83504 | | | | |
| | | 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 | LISA MANYON | 613 BRYDEN AVE. STE. C #328 | LEWISTON | ID | USA | 83504 |
| 5. Organized Under the Laws of: ID W 40240 | | 6. Annual Report must be signed.* Signature: Lisa Manyon Name (type or print): Lisa Manyon Date: 08/08/2012 Title: Owner | | | | |
| Processed 08/08/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | |