

No. W 104839	Due no later than Jul 31, 2014 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. WALKABOUTS FOR WOMEN, LLC DOLORES MCAFFEE 10676 W HAZELWOOD DR STAR ID 83669 USA		LORI MCAFFEE 10676 W HAZELWOOD DR STAR ID 83669			
			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	DOLORES J MCAFFEE	10676 WEST HAZELWOOD DRIVE	STAR	ID	USA	83669
5. Organized Under the Laws of: ID W 104839	6. Annual Report must be signed.* Signature: Dolores McAfee Name (type or print): Dolores McAfee		Date: 05/15/2014 Title: Owner			
Processed 05/15/2014		* Electronically provided signatures are accepted as original signatures.				