

No. W 101714		Due no later than Mar 31, 2016 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		1. Mailing Address: Correct in this box if needed. STICKY APRON STRINGS, LLC JARED H RICKS PO BOX 309 BLACKFOOT ID 83221		JARED H RICKS 490 N. MAPLE, STE. E BLACKFOOT ID 83221			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name JARED H RICKS	Street or PO Address 927 N 900 E		City SHELLEY	State ID	Country USA	Postal Code 83274
5. Organized Under the Laws of: ID W 101714		6. Annual Report must be signed.* Signature: Jared H. Ricks Name (type or print): Jared H. Ricks Date: 05/03/2016 Title: Manager					
Processed 05/03/2016 * Electronically provided signatures are accepted as original signatures.							