30 00 00 00 00 00 00 00 00 00 00 00 00 0		no later than May 31, 2018	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		to compare at the comment of the com	SAMUEL N SCHARNHORST			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  STITCHES & PETALS LLC  KAREN S SCHARNHORST  1861 LITTLE BEAR RIDGE			1861 LITTLE BEAR RIDGE TROY ID 83871			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			TROT ID	1KO1 ID 636/1			
	TROY ID 83871		3. <u>New</u> Regist	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 KAREN S SCHARNHORST		1861 LITTLE BEAR RIDGE	TROY	ID	USA	83871	
5. Organized Under the Laws of:	6. Annual Report m	nust be signed.*					
ID	Signature: Karen Scharnhorst		Da	Date: 04/27/2018			
W 93103	Name (type or print): Karen Scharnhorst		Tit	Title: Managing Member			
Processed 04/27/2018	* Electronically provided signatures are accepted as original signatures.						