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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 128650</b>                                                                                                                                    |               | <b>Due no later than Aug 31, 2018</b>                                                                                                                       |          | <b>2. Registered Agent and Address (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>CREATIVE IMAGINATIONS LLC<br>DONALD M LIDSTROM<br>POST OFFICE BOX 44304<br>BOISE ID 83711  |          | DONALD M LIDSTROM<br>3490 N LENA AVE<br>BOISE ID 83713 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                             |          | 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                                                                                                                                                 | LINDA EDWARDS | 2427 E HONEYWOOD ST                                                                                                                                         | MERIDIAN | ID                                                     | USA     | 83646       |  |
| MEMBER                                                                                                                                                 | STACEY JONES  | 3914 W ANTON DR                                                                                                                                             | MERIDIAN | ID                                                     | USA     | 83646       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 128650</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: DONALD M LIDSTROM<br>Name (type or print): DONALD M LIDSTROM<br>Date: 07/19/2018<br>Title: REGISTERED AGENT |          |                                                        |         |             |  |
| Processed 07/19/2018                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                                   |          |                                                        |         |             |  |