

|                                                                                                                                                        |                     |                                                                                                                                                                                                     |          |                                                                   |         |                   |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------------|---------|-------------------|--|
| No. <b>C 197060</b>                                                                                                                                    |                     | <b>Due no later than Jan 31, 2014</b>                                                                                                                                                               |          | 2. Registered Agent and Address <b>(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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>GRACEFUL POSSIBILITIES, INC.<br>STEPHANIE MARCHELLO<br>1663 E SUMMERRIDGE DR<br>MERIDIAN ID 83646 |          | STEPHANIE MARCHELLO<br>1663 E SUMMERRIDGE DR<br>MERIDIAN ID 83646 |         |                   |  |
|                                                                                                                                                        |                     |                                                                                                                                                                                                     |          | 3. <u>New</u> Registered Agent Signature:*                        |         |                   |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                     |                                                                                                                                                                                                     |          |                                                                   |         |                   |  |
| Office Held                                                                                                                                            | Name                | Street or PO Address                                                                                                                                                                                | City     | State                                                             | Country | Postal Code       |  |
| PRESIDENT                                                                                                                                              | STEPHANIE MARCHELLO | 1663 E. SUMMERRIDGE DR.                                                                                                                                                                             | MERIDIAN | ID                                                                | USA     | 83646             |  |
| 5. Organized Under the Laws of:                                                                                                                        |                     | 6. Annual Report must be signed.*                                                                                                                                                                   |          |                                                                   |         |                   |  |
| <b>ID<br/>C 197060</b>                                                                                                                                 |                     | Signature: Sarah Carter                                                                                                                                                                             |          |                                                                   |         | Date: 12/19/2013  |  |
|                                                                                                                                                        |                     | Name (type or print): Sarah Carter                                                                                                                                                                  |          |                                                                   |         | Title: Accountant |  |
| Processed 12/19/2013                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                                           |          |                                                                   |         |                   |  |