

|                                                                                                                                                        |                   |                                                                                                                                                   |               |                                                             |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------------|---------|-------------|--|
| No. <b>W 89140</b>                                                                                                                                     |                   | <b>Due no later than Dec 31, 2015</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>1. Mailing Address: Correct in this box if needed.</b><br><br>TIFFANY BLUE, LLC<br>RACHEL DUPIN<br>404 E SHERMAN AVE<br>COEUR D ALENE ID 83814 |               | RACHEL DUPIN<br>404 E SHERMAN AVE<br>COEUR D ALENE ID 83814 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                   |               | 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                                                                                                                                                 | RACHEL LYNN DUPIN | 404 E SHERMAN                                                                                                                                     | COEUR D'ALENE | ID                                                          | USA     | 83814       |  |
| MEMBER                                                                                                                                                 | KAREEN M LINK     | 404 SHERMAN AVENUE                                                                                                                                | COEUR D ALENE | ID                                                          | USA     | 83814       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 89140</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: rachel dupin<br>Name (type or print): rachel dupin                                                |               |                                                             |         |             |  |
|                                                                                                                                                        |                   | Date: 10/21/2015<br>Title: owner                                                                                                                  |               |                                                             |         |             |  |
| Processed 10/21/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                         |               |                                                             |         |             |  |