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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------|---------------------|
| No. <b>W 64863</b>                                                                                                                                     |                    | <b>Due no later than Jul 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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PEDRO'S PRIDE FASHIONS, LLC<br>ELISABETH L LARSON<br>PO BOX 1110<br>SAGLE ID 83860 |       | ELISABETH L LARSON<br>223 N. FIRST AVE<br>SANDPOINT ID 83864 |                     |
|                                                                                                                                                        |                    |                                                                                                                                                                                      |       | 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 |
| MANAGER                                                                                                                                                | ELISABETH L LARSON | PO BOX 1110                                                                                                                                                                          | SAGLE | ID                                                           | 83860               |
| MANAGER                                                                                                                                                | KENNETH O LARSON   | PO BOX 1110                                                                                                                                                                          | SAGLE | ID                                                           | 83860               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 64863</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Elisabeth L Larson<br>Name (type or print): Elisabeth L Larson<br><br>Date: 06/30/2015<br>Title: manager                             |       |                                                              |                     |
| Processed 06/30/2015                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                            |       |                                                              |                     |