

| | | | | | | | |
|--|-------------------|--|------|--|---------|-------------|--|
| No. W 66713 | | Due no later than Sep 30, 2013 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | GEORGIA RHINEHART 2054 4TH AVE E STE 4 TWIN FALLS ID 83301 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | MYSTIC PAWS, LLC GEORGIA L RHINEHART 2054 4TH AVE E #4 TWIN FALLS ID 83301 USA | | | | | |
| 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 | PHILLIP RHINEHART | 508 MISTILYN STREET | BUHL | ID | USA | 83316 | |
| MEMBER | GEORGIA RHINEHART | 313 14TH AVENUE NORTH | BUHL | ID | USA | 83316 | |
| 5. Organized Under the Laws of: ID W 66713 | | 6. Annual Report must be signed.* Signature: Georgia Rhinehart Name (type or print): Georgia Rhinehart | | Date: 08/05/2013 Title: Member | | | |
| Processed 08/05/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |