

|                                                                                                                                                        |                |                                                                                                                                                 |       |                                                     |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------|------------------|--|
| No. <b>W 123299</b>                                                                                                                                    |                | <b>Due no later than Mar 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>H&M DESIGN, LLC<br>HEIDI M MECKLE<br>2032 E WAR EAGLE AVE<br>ATHOL ID 83801<br>USA |       | HEIDI MECKLE<br>2032 E WAR EAGLE AVE<br>ATHOL 83801 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                                 |       | 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                                                                                                                                                 | HEIDI M MECKLE | 2032 E WAR EAGLE AVE                                                                                                                            | ATHOL | ID                                                  | USA     | 83801            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                               |       |                                                     |         |                  |  |
| <b>ID<br/>W 123299</b>                                                                                                                                 |                | Signature: Heidi Meckle                                                                                                                         |       |                                                     |         | Date: 03/06/2015 |  |
|                                                                                                                                                        |                | Name (type or print): Heidi Meckle                                                                                                              |       |                                                     |         | Title: Owner     |  |
| Processed 03/06/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                       |       |                                                     |         |                  |  |