

No. W 143206	Due no later than Oct 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LORI SIJOHN 49 REEVES RD PLUMMER ID 83851																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				1. Mailing Address: Correct in this box if needed. SAILORGIRL SOAP & SUPPLIES, L.L.C. PO BOX C PLUMMER ID 83851	3. <u>New</u> Registered Agent Signature.																																	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Lori Si John</td> <td>Po Box C</td> <td>Plummer</td> <td>ID</td> <td>U.S.</td> <td>83851</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Shaina Namee</td> <td>71 Reeves Rd</td> <td>Plummer</td> <td>ID</td> <td>U.S.</td> <td>83851</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Lori Si John	Po Box C	Plummer	ID	U.S.	83851	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Shaina Namee	71 Reeves Rd	Plummer	ID	U.S.	83851	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Lori Si John	Po Box C	Plummer	ID	U.S.	83851																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Shaina Namee	71 Reeves Rd	Plummer	ID	U.S.	83851																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 143206		6. Signature: <u>Shaina Namee</u> Date: <u>12/01/17</u> Name (type or print): <u>Shaina Namee</u> Title: <u>manager</u>																																				
Issued 12/01/2017 by online 104556																																						