| No. W 61837 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. BROCKNER INTERIOR DESIGN, LLC 2594 W LOS FLORES DR MERIDIAN ID 83646 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|--------------------------|--|----------|--|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | BROCKNER I 2594 W LOS | | | KIRSTEN BROCKNER 2594 W LOS FLORES DR MERIDIAN ID 83646 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Ent | er Names and Addres | ses of at least one Member or Manager. | | | | | |
| Office Held Name | ci Names and Addres | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER KIRSTE | EN BROCKNER | 2594 W LOS FLORES DR | MERIDIAN | ID | USA | 83646 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | ort must be signed.* | | | | | |
| ID | Signature: F | Signature: Kirsten Brockner | | Date: 04/29/2010 | | | |
| W 61837 | Name (type | or print): Kirsten Brockner | | Title: Owner | | | |
| Processed 04/29/2010 | * Electronically | * Electronically provided signatures are accepted as original signatures. | | | | | |