

No. W 127408		Due no later than Jul 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. COOKIECON, LLC KAREN E SUMMERS 2186 FRONTIER DR AMMON ID 83406		KAREN E SUMMERS 2186 FRONTIER DR AMMON ID 83406			
NO FILING FEE IF RECEIVED BY DUE DATE				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	KAREN E SUMMERS	2186 FRONTIER DR	AMMON	ID	USA	83406	
MEMBER	MICHAEL J SUMMERS	2186 FRONTIER DR	AMMON	ID	USA	83406	
5. Organized Under the Laws of: ID W 127408		6. Annual Report must be signed.* Signature: Karen Summers Name (type or print): Karen Summers					
		Date: 08/23/2016 Title: Member					
Processed 08/23/2016		* Electronically provided signatures are accepted as original signatures.					