

No. W 65447		Due no later than Aug 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. MANDY MACOMB ETCETERA, L.L.C. AMANDA M. MACOMB 5327 E SOFTWOOD CT BOISE ID 83716		AMANDA MACOMB 5327 E SOFTWOOD CT BOISE ID 83716		
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 MEMBER	Name AMANDA MACOMB	Street or PO Address 5327 E SOFTWOOD CT	City BOISE	State ID	Country	Postal Code 83716
5. Organized Under the Laws of: ID W 65447		6. Annual Report must be signed.* Signature: Amanda Macomb Name (type or print): Amanda Macomb Date: 08/01/2016 Title: Owner/Member				
Processed 08/01/2016 * Electronically provided signatures are accepted as original signatures.						