

No. W 163956		Due no later than Mar 31, 2018 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. I DECLARE CHARMS, LLC LISA HAVEMAN PO BOX 61 NAMPA ID 83653		LISA K HAVEMAN 3013 WESTVIEW LN NAMPA ID 83686-8365			
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	
MANAGER	CASEY HAVEMAN	PO BOX 61	NAMPA	ID	USA	83653	
MEMBER	LISA HAVEMAN	PO BOX 61	NAMPA	ID	USA	83653	
5. Organized Under the Laws of: ID W 163956		6. Annual Report must be signed.* Signature: Lisa K. Haveman Name (type or print): Lisa K. Haveman					
		Date: 01/31/2018 Title: Owner					
Processed 01/31/2018 * Electronically provided signatures are accepted as original signatures.							