

|                                                                                                                                                        |              |                                                                                                                                                                                   |          |                                                          |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------------------|
| No. <b>W 111083</b>                                                                                                                                    |              | <b>Due no later than Feb 28, 2017</b>                                                                                                                                             |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>       |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>CLASSY S LLC<br>SHARON GOULD<br>4732 REVERE RD<br>CHUBBUCK ID 83202-1983<br>USA |          | SHARON GOULD<br>4732 REVERE RD<br>CHUBBUCK ID 83202-1983 |                     |
|                                                                                                                                                        |              |                                                                                                                                                                                   |          | 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                                                                                                                                                | SHARON GOULD | 4732 REVERE RD                                                                                                                                                                    | CHUBBUCK | ID                                                       | USA 83202-1983      |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 111083</b>                                                                                          |              | 6. Annual Report must be signed.*<br>Signature: Sharon Gould<br>Name (type or print): Sharon Gould<br>Date: 01/05/2017<br>Title: agent/manager                                    |          |                                                          |                     |
| Processed 01/05/2017                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                         |          |                                                          |                     |