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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 93103</b>                                                                                                                                     |                     | Due no later than May 31, 2013                                                                                                                                                                   |      | 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>STITCHES & PETALS LLC<br>KAREN S SCHARNHORST<br>1861 LITTLE BEAR RIDGE<br>TROY ID 83871<br>USA |      | SAMUEL N SCHARNHORST<br>1861 LITTLE BEAR RIDGE<br>TROY ID 83871 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                                                                  |      | 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                                                                                                                                                | KAREN S SCHARNHORST | 1861 LITTLE BEAR RIDGE                                                                                                                                                                           | TROY | ID                                                              | USA     | 83871       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 93103</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Karen Scharnhorst<br>Name (type or print): Karen Scharnhorst<br>Date: 03/17/2013<br>Title: Owner                                                 |      |                                                                 |         |             |  |
| Processed 03/17/2013                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                                                        |      |                                                                 |         |             |  |