

|  |                |   |               |  |                     |
|--|----------------|---|---------------|--|---------------------|
| No. <b>W 161916</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>MS. POPPINS LLC<br>PAIGE ERICKSON<br>3232 N 11TH STREET<br>COEUR D ALENE ID 83815 |               | PAIGE ERICKSON<br>3232 N 11TH STREET<br>COEUR D ALENE ID 83815 |                     |
|  |                |   |               | 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  | PAIGE ERICKSON | 3232 N 11TH STREET  | COEUR D ALENE | ID   | USA 83815           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 161916</b>  |                | 6. Annual Report must be signed.*<br>Signature: Paige erickson<br>Name (type or print): Paige erickson<br>Date: 02/27/2017<br>Title: Owner  |               |  |                     |
| Processed 02/27/2017   |                | * Electronically provided signatures are accepted as original signatures.   |               |  |                     |