| No. W 81130 | | Due no later than Feb 29, 2016 | | 2. Registered / | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------|---|-------------------------------------|------------------------|---|-----------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CHASE'N DREAMS, LLC TAMMY L ERSKINE 4910 EASTER DR NAMPA ID 83686 | | 4910 EASTE NAMPA ID | TAMMY WILLIAMS 4910 EASTER DR NAMPA ID 83686 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mes and Addresse | s of at least one Member or Manager | | | | | |
| Office Held | Name | mes and made esse. | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | TAMMY L ERSKINE | | 4910 EASTER DR | NAMPA | ID | USA | 83686 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* Signature: Tammy L Erskine | | | Date: 1 | 2/22/2015 | | |
| W 81130 | | Name (type or | | Title: Owner | | | | |
| Processed 12/22/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |