

|                                                                                                                                                        |                     |                                                                                                                                                     |        |                                                               |         |                     |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------------------------------------------------------------|---------|---------------------|--|
| No. <b>W 147121</b>                                                                                                                                    |                     | <b>Due no later than Jan 31, 2018</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>1. Mailing Address: Correct in this box if needed.</b><br>TESSA SHEEHAN PHOTOGRAPHY LLC<br>TESSA MARIE SHEEHAN<br>PO BOX 2156<br>HAILEY ID 83333 |        | TESSA SHEEHAN<br>318 BALD MTN RD UNIT 216<br>KETCHUM ID 83340 |         |                     |  |
|                                                                                                                                                        |                     |                                                                                                                                                     |        | 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         |  |
| MEMBER                                                                                                                                                 | TESSA MARIE SHEEHAN | PO BOX 2156                                                                                                                                         | HAILEY | ID                                                            | USA     | 83333               |  |
| 5. Organized Under the Laws of:                                                                                                                        |                     | 6. Annual Report must be signed.*                                                                                                                   |        |                                                               |         |                     |  |
| <b>ID<br/>W 147121</b>                                                                                                                                 |                     | Signature: Tessa Sheehan                                                                                                                            |        |                                                               |         | Date: 03/11/2018    |  |
|                                                                                                                                                        |                     | Name (type or print): Tessa Sheehan                                                                                                                 |        |                                                               |         | Title: photographer |  |
| Processed 03/11/2018                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                           |        |                                                               |         |                     |  |