No. W 149026 Return to:		Due no later than Mar 31, 2016 Annual Report Form			2. Registered Agent and Address (NO PO BOX) JASSON HOSKINS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ILLUMINART STUDIOS LLC JASSON HOSKINS 5145 HEYREND DR IDAHO FALLS ID 83402		_	5145 HEYREND DR IDAHO FALLS ID 83402 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	MANAGER JASSON HOSKINS		5145 HEYREND DR		IDAHO FALLS	ID	USA	83402
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jasson Hoskins			Date: 01/21/2016			
W 149026		Name (type or print): Jasson Hoskins			Title: Manager			
Processed 01/21/2016 * Electronically provided signatures are accepted as original signatures.								