


No. W 141099	Due no later than Aug 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) BARBARA A STORRO 500 LAZY J RANCH RD PRIEST RIVER ID 83856
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. BARB'S CREATIONS, LLC 500 LAZY J RANCH RD PRIEST RIVER ID 83856		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input type="checkbox"/> Member <input type="checkbox"/>	BARB STORRO	500 LAZY				
	OWNER/MANAGER/OPERATOR	J RANCH RD				
Manager <input type="checkbox"/> Member <input type="checkbox"/>		PRIEST RIVER				
		ID 83856				
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 141099 </div>	6. Signature:  <hr/> Name (type or print): <u>BARBARA A. STORRO</u>	Date: <u>7/7/15</u> <hr/> Title: <u>OWNER</u>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the