| No. W 13102 | | Due no later than Oct 31, 2016 Annual Report Form | | 2. | 2. Registered Agent and Address (NO PO BOX) KIMBERLY COX 4116 3 MILE RD WEIPPE ID 83553 3. New Registered Agent Signature:* | | | |
|--|----------------------------|---|-----------------------------------|----|---|----------|---------|----------------|
| Return to: | | | | | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. EXPRESS NAME TAGS & MORE, LC KIMBERLY J COX 4116 3 MILE RD WEIPPE ID 83553 | | | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nar | nes and Addresses o | f at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | (| City | State | Country | Postal Code |
| MEMBER MEMBER | BEVERLY BAI KIMBERLY CO | | 4118 3 MILE RD 4116 3 MILE RD | | VEIPPE VEIPPE | ID ID | | 83553 83553 |
| MEMBER | TOBIAS COX | (| 4116 3 MILE RD | V | VEIPPE | ID | | 83553 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Kimberly J. Cox | | | Date: 09/07/2016 | | | |
| W 13102 | | Name (type or print): Kimberly J. Cox | | | Title: Owner | | | |
| Processed 09/07/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |