No. W 166418		Due no later than May 31, 2017	2. Registered Agent and Address (NO PO BOX) LACEY SMITH 1723 CEDAR AVE LEWISTON ID 83501-8350 3. New Registered Agent Signature:*				
Return to:		Annual Report Form					
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LACEY'S POP-UP BOUTIQUE, LLC LACEY SMITH 1723 CEDAR AVE LEWISTON ID 83501					
NO FILING FEE IF RECEIVED BY DUE DATE		USA					
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	LACEY SMITI	H 1723	LEWISTON	ID	USA	83501-8350	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Lacey Smith	Date: 05/05/2017				
W 166418		Name (type or print): Lacey Smith	Title: Manager				
Processed 05/05/2017	rocessed 05/05/2017 * Electronically provided signatures are accepted as original signatures.						