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|--|--------------------|---|-----------|---|---------|----------------------------|--|
| No. C 174176 | | Due no later than Jul 31, 2013 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. COLDWATER CREEK U.S. INC. MONA LANG-GILLMING ONE COLDWATER CREEK DR SANDPOINT ID 83864 | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| TREASURER | L MICHELLE CARLONE | ONE COLDWATER CREEK DRIVE | SANDPOINT | ID | USA | 83864 | |
| PRESIDENT | JAMES BELL | ONE COLDWATER CREEK DR | SANDPOINT | ID | USA | 83864 | |
| SECRETARY | VINCENT TOENJES | ONE COLDWATER CREEK DR | SANDPOINT | ID | USA | 83864 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| DE C 174176 | | Signature: L Michelle Carlone | | | | Date: 05/16/2013 | |
| | | Name (type or print): L Michelle Carlone | | | | Title: Assistant Treasurer | |
| Processed 05/16/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |