

|                                                                                                                                                        |                    |                                                                                                                                                                         |       |                                                                  |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 99858</b>                                                                                                                                     |                    | <b>Due no later than Jan 31, 2014</b>                                                                                                                                   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>               |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br>FABIANA BEATRIZ PHOTOGRAPHY LLC<br>FABIANA HUFFAKER<br>1415 S HIDDEN ISLAND PLACE<br>EAGLE ID 83616<br>USA |       | FABIANA HUFFAKER<br>1415 S HIDDEN ISLAND PLACE<br>EAGLE ID 83616 |         |                  |  |
|                                                                                                                                                        |                    |                                                                                                                                                                         |       | 3. <u>New</u> Registered Agent Signature:*                       |         |                  |  |
| 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      |  |
| MANAGER                                                                                                                                                | FABIANA B HUFFAKER | 1415 S HIDDEN ISLAND                                                                                                                                                    | EAGLE | ID                                                               | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                    | 6. Annual Report must be signed.*                                                                                                                                       |       |                                                                  |         |                  |  |
| <b>ID<br/>W 99858</b>                                                                                                                                  |                    | Signature: Fabiana Huffaker                                                                                                                                             |       |                                                                  |         | Date: 02/14/2014 |  |
|                                                                                                                                                        |                    | Name (type or print): Fabiana Huffaker                                                                                                                                  |       |                                                                  |         | Title: Owner     |  |
| Processed 02/14/2014                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                               |       |                                                                  |         |                  |  |