

|  |             |   |      |  |         |             |  |
|--|-------------|---|------|--|---------|-------------|--|
| No. <b>W 147486</b>  |             | <b>Due no later than Feb 29, 2016</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>HOME CAKE SHOPPE LLC<br>KAILA MYERS<br>11308 W MEADOWRIVER DR<br>STAR ID 83669 |      | KAILA MYERS<br>11308 W MEADOWRIVER DR<br>STAR ID 83669 |         |             |  |
|  |             |   |      | 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 |  |
| MEMBER   | TODD MYERS  | 11308 W MEADOWRIVER DR  | STAR | ID   | USA     | 83669       |  |
| MEMBER   | KAILA MYERS | 11308 W MEADOWRIVER DR  | STAR | ID   | USA     | 83669       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 147486</b>  |             | 6. Annual Report must be signed.*<br>Signature: Kaila Myers<br>Name (type or print): Kaila Myers  |      |  |         |             |  |
|  |             | Date: 12/30/2015<br>Title: Member   |      |  |         |             |  |
| Processed 12/30/2015   |             | * Electronically provided signatures are accepted as original signatures.   |      |  |         |             |  |