

|                                                                                                                                                        |                      |                                                                                                                                                          |             |                                                                |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------|---------|-------------|--|
| No. <b>W 179504</b>                                                                                                                                    |                      | <b>Due no later than Mar 31, 2018</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>MELISSA DAWN ARTISTRY LLC<br>MELISSA D RHODEHOUSE<br>1554 AVON LANE<br>IDAHO FALLS ID 83401 |             | MELISSA D RHODEHOUSE<br>1554 AVON LANE<br>IDAHO FALLS ID 83401 |         |             |  |
|                                                                                                                                                        |                      |                                                                                                                                                          |             | 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                                                                                                                                                 | MELISSA D RHODEHOUSE | 1554 AVON                                                                                                                                                | IDAHO FALLS | ID                                                             | USA     | 83401       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 179504</b>                                                                                          |                      | 6. Annual Report must be signed.*<br>Signature: Melissa Rhodehouse<br>Name (type or print): Melissa Rhodehouse<br>Date: 01/26/2018<br>Title: Partner     |             |                                                                |         |             |  |
| Processed 01/26/2018                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                |             |                                                                |         |             |  |