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|--|-----------------------|---|-------------|---|---------|-------------|--|
| No. W 156959 | | Due no later than Oct 31, 2016 | | 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. DR-DE-KALS & ZAPPLE AIRBRUSH TATS LLC APOLONIO RAMIREZ-LUGO 3430 GARNET ST. IDAHO FALLS ID 83401-8340 USA | | APOLONIO RAMIREZ-LUGO 3430 GARNET ST. IDAHO FALLS ID 83401-8340 | | | |
| | | | | 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 | APOLONIO RAMIREZ-LUGO | 3430 GARNET ST. | IDAHO FALLS | ID | USA | 83401 | |
| 5. Organized Under the Laws of: ID W 156959 | | 6. Annual Report must be signed.* Signature: Apolonio Ramirez-Lugo Name (type or print): Apolonio Ramirez-Lugo Date: 01/11/2017 Title: Manager | | | | | |
| Processed 01/11/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |