

|                                                                                                                                                        |                   |                                                                                                                                                                                               |          |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 90993</b>                                                                                                                                     |                   | <b>Due no later than Feb 28, 2015</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>SIMPLY SOLUTIONS, LLC<br>MICHELLE PORTER<br>19585 TUCKERMAN WAY<br>CALDWELL ID 83605<br>USA |          | MICHELLE PORTER<br>19585 TUCKERMAN WAY<br>CALDWELL 83605 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                                               |          | 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                                                                                                                                                | MICHELLE D PORTER | 19585 TUCKERMAN WAY                                                                                                                                                                           | CALDWELL | ID                                                       | USA     | 83605       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 90993</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Michelle Porter<br>Name (type or print): Michelle Porter<br>Date: 01/24/2015<br>Title: Co-Owner                                               |          |                                                          |         |             |  |
| Processed 01/24/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                     |          |                                                          |         |             |  |