

No. <b>W 169009</b>		<b>Due no later than Jul 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  MINTED CHARMS, LLC AMANDA THOME 1721 HICKORY ST SANDPOINT ID 83864		REGISTERED AGENTS INC 784 S CLEARWATER LOOP STE R POST FALLS ID 83854			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name AMANDA THOME	Street or PO Address 1721 HICKORY ST		City SANDPOINT	State ID	Country USA	Postal Code 83864
5. Organized Under the Laws of:  <b>ID</b> <b>W 169009</b>		6. Annual Report must be signed.*  Signature: Amanda Thome Name (type or print): Amanda Thome  Date: 06/28/2017 Title: Member-Owner					
Processed 06/28/2017 * Electronically provided signatures are accepted as original signatures.							