| No. W 103998 | | Due no later than Jun 30, 2015 2. Registered Agent and Address (NO PO I | | | PO BOX) | |
|--|-------------|---|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. CABINS BY THE JOE LLC KELLY D LINDEN 2192 W BENT BOW CT BOISE ID 83703 | APRIL LINSCOTT 1423 N GOVERNMENT WAY COEUR D ALENE ID 83814 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | USA | | | | |
| Office Held | Name | nes and Addresses of at least one Member or Manager. Street or PO Address | City | State | Country | Postal Code |
| MEMBER | KELLY LINDE | | BOISE | ID | USA | 83703 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID W 103998 | | Signature: Kelly Linden | Date: 04/23/2015 | | | |
| | | Name (type or print): Kelly Linden | Title: Member-Owner | | | |
| Processed 04/23/20 | 015 | * Electronically provided signatures are accepted as original signatures | natures. | | | |