

No. W 89991	Due no later than Jan 31, 2016 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. SADIE LUCILLE, LLC KATHERYN HAVERCROFT 3147 BLUEBERRY CIRCLE HAYDEN ID 83835		KATHERYN HAVERCROFT 3147 BLUEBERRY CIRCLE HAYDEN ID 83835			
			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	KATHERYN M HAVERCROFT	3147 BLUEBERRY CIRCLE	HAYDEN	ID	USA	83835
5. Organized Under the Laws of: ID W 89991	6. Annual Report must be signed.* Signature: Katheryn Havercroft Name (type or print): Katheryn Havercroft		Date: 02/25/2016 Title: Owner			
Processed 02/25/2016		* Electronically provided signatures are accepted as original signatures.				