No. <b>W 118007</b>		Due no later than Oct 31, 2013 Annual Report Form  1. Mailing Address: Correct in this box if needed.  ADRIENNE'S ATTIC LLC ADRIENNE J PETERSEN 561 MAIN AVE E TWIN FALLS ID 83301  mes and Addresses of at least one Member or Manager.		2. Registered Agent and Address (NO PO BOX)  ADRIENNE PETERSEN 1712 MAPLEWOOD DR TWIN FALLS ID 83301-4927  3. New Registered Agent Signature:*				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Adrienne's Adrienne J F 561 Main Ave							
NO FILING FEE IF RECEIVED BY DUE DATE								
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
MANAGER ROBE	RT N PATTERSON ENNE J PETERSEN	1712 MAPLEWOOD DR 1712 MAPLEWOOD DR	TWIN FALS TWIN FALLS	ID ID	USA USA	83301-4927 83301-4927		
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*						
ID	Signature: Adı	Signature: Adrienne J Petersen Date: 10/09/2013						
W 118007	Name (type or	Name (type or print): Adrienne J Petersen			Title: Member			
Processed 10/09/2013	* Electronically provided signatures are accepted as original signatures.							