

|                                                                                                                                                        |                     |                                                                                                                                                              |       |                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------|---------|-------------|--|
| No. <b>W 116999</b>                                                                                                                                    |                     | <b>Due no later than Sep 30, 2013</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>1. Mailing Address: Correct in this box if needed.</b><br><br>WICKLESS CELEBRATIONS, LLC<br>MELODIE HANSEN<br>3820 TAYLORVIEW LN<br>AMMON ID 83406<br>USA |       | MELODIE HANSEN<br>3820 TAYLORVIEW LN<br>AMMON ID 83406 |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                                              |       | 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 |  |
| MEMBER                                                                                                                                                 | KENNETH ROSS HANSEN | 3820 TAYLORVIEW LN                                                                                                                                           | AMMON | ID                                                     | USA     | 83406       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 116999</b>                                                                                          |                     | 6. Annual Report must be signed.*<br>Signature: Melodie Hansen<br>Name (type or print): Melodie Hansen<br>Date: 08/14/2013<br>Title: Owner                   |       |                                                        |         |             |  |
| Processed 08/14/2013                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                                    |       |                                                        |         |             |  |