




No. W 36118	Due no later than Jan 31, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) SHARON BUSMANN 4775 N 1115 E BUHL ID 83316				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. GRANNY'S DRAWER'S, LLC SHARON BUSMANN 4775 N 1115 E BUHL ID 83316		3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member Name Street or PO Address City State Country Postal Code							
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Sharon Busmann 4775N 1115E Buhl, Id 83316							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 36118 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> Signature:  </td> <td style="width: 50%;"> Date: <u>12-1-17</u> </td> </tr> <tr> <td> Name (type or print): <u>Sharon Busmann</u> </td> <td> Title: <u>owner</u> </td> </tr> </table>		Signature: 	Date: <u>12-1-17</u>	Name (type or print): <u>Sharon Busmann</u>	Title: <u>owner</u>
Signature: 	Date: <u>12-1-17</u>						
Name (type or print): <u>Sharon Busmann</u>	Title: <u>owner</u>						
Issued 11/27/2017 by TLB 107325							