Return to: Annu		later than Apr 30, 2011 nual Report Form	BOX) ARLENE K	Registered Agent and Office (NOT A P.O. BOX) ARLENE K WILLENBERG-COWIN 517 S JACKSON ST	
450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	KATE'S KLOSET I			ID 83843	
NO FILING FEE IF RECEIVED BY DUE DATE	517 S JACKSON S MOSCOW ID 83	-·•	·	3. New Registered Agent Signature. Online 2 Weillowborg There	
4. Limited Liability Compani	es: Enter Names and	Addresses of Managers OR Memb	ers. See Instructions.	σ	
Manager or Member Nam	e	Street or PO Address	City	State Country Postal Code	
Manager Member (circle one) MANAger	Ar beve	K. Willewhom- 517 S. JACK MUS VAW, 200	Cowin/ om 5+ 83842		
5. Organized Under the Laws of IDAHO W 92110	: 6. Signature: Name (type	Juliu Klijke	long Eacon	Date: 4-30-1	
VV 32110	(4/20	Trient	(1), 1:00 D	Tray Call I	
Issued 05/06/2011 by LJM				111101	

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

Block 3: Only a <u>new</u> registered agent must sign in Block 3.