

|  |                  |  |          |  |         |                  |  |
|--|------------------|--|----------|--|---------|------------------|--|
| No. <b>W 61372</b>   |                  | <b>Due no later than Apr 30, 2018</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>FIRST IMPRESSIONS, LLC<br>PATRICIA SCARROW<br>4010 N. 3500 E.<br>KIMBERLY ID 83341<br>USA |          | PATRICIA SCARROW<br>4010 N. 3500 E.<br>KIMBERLY ID 83341 |         |                  |  |
|  |                  |  |          | 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  | PATRICIA SCARROW | 4010 N. 3500 E.  | KIMBERLY | ID   | USA     | 83341            |  |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*  |          |  |         |                  |  |
| <b>ID<br/>W 61372</b>  |                  | Signature: Patricia Scarrow  |          |  |         | Date: 02/26/2018 |  |
|  |                  | Name (type or print): Patricia Scarrow   |          |  |         | Title: Manager   |  |
| Processed 02/26/2018   |                  | * Electronically provided signatures are accepted as original signatures.  |          |  |         |                  |  |