

|  |                |  |           |  |                     |
|--|----------------|--|-----------|--|---------------------|
| No. <b>W 48039</b>   |                | <b>Due no later than Mar 31, 2015</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BLIND OBSESSION, LLC<br>DEBRA A LAYMAN<br>5164 BANNOCK HWY<br>POCATELLO ID 83204-4506<br>USA |           | DEBRA A LAYMAN<br>5164 BANNOCK HWY<br>POCATELLO 83204-4506 |                     |
|  |                |  |           | 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  | DEBRA A LAYMAN | 5164 BANNOCK HWY   | POCATELLO | ID   | 83204-4506          |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 48039</b>   |                | 6. Annual Report must be signed.*<br>Signature: DEBRA LAYMAN<br>Name (type or print): DEBRA LAYMAN<br>Date: 01/22/2015<br>Title: OWNER   |           |  |                     |
| Processed 01/22/2015   |                | * Electronically provided signatures are accepted as original signatures.  |           |  |                     |