

|                                                                                                                                                        |                |                                                                                                                                                            |       |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-------------------------------------------------------|---------|-------------|--|
| No. <b>W 88486</b>                                                                                                                                     |                | <b>Due no later than Nov 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>TIDY UP WITH JENNIFER LLC<br>JENNIFER D ELD<br>2810 SOUTHSIDE BLVD<br>NAMPA ID 83686-8619 |       | JENNIFER ELD<br>2810 SOUTHSIDE BLVD<br>NAMPA ID 83686 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                            |       | 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                                                                                                                                                | JENNIFER D ELD | 2810 SOUTHSIDE BLVD                                                                                                                                        | NAMPA | ID                                                    | USA     | 83686       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 88486</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Jennifer D Eld<br>Name (type or print): Jennifer D Eld<br>Date: 09/20/2013<br>Title: Manager               |       |                                                       |         |             |  |
| Processed 09/20/2013                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                  |       |                                                       |         |             |  |