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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------|---------------------|
| No. <b>W 22418</b>                                                                                                                                     |               | <b>Due no later than Jan 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>                                                                                                                     |            | LINDA G BATES<br>551 N 2600 E<br>ST ANTHONY 83445  |                     |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>SASSY'S FLORAL DESIGN, LLC<br>LINDA<br>52 N BRIDGE<br>ST ANTHONY ID 83445<br>USA |            | 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 |
| MEMBER                                                                                                                                                 | AMANDA FRENCH | 2843 E 700 N                                                                                                                                  | ST ANTHONY | ID                                                 | 83445               |
| MEMBER                                                                                                                                                 | LINDA BATES   | 52 N BRIDGE                                                                                                                                   | ST ANTHONY | ID                                                 | 83445               |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                                                                             |            |                                                    |                     |
| <b>ID<br/>W 22418</b>                                                                                                                                  |               | Signature: Linda Bates                                                                                                                        |            | Date: 02/27/2015                                   |                     |
|                                                                                                                                                        |               | Name (type or print): Linda Bates                                                                                                             |            | Title: Owner                                       |                     |
| Processed 02/27/2015                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                     |            |                                                    |                     |