

| | | | | | | |
|--|--|---|---|-------|---------|-------------|
| No. W 168552 | Due no later than Jun 30, 2018 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. HOUSE OF EWE LLC AMBER R MYRICK P.O. BOX 7363 BOISE ID 83707 | | AMBER R MYRICK 1087 W RIVER ST STE 150 BOISE ID 83702 | | | |
| | | | 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 | CAROLYN L PARKINSON | 4770 PARK LANE | EAGLE | ID | USA | 83616 |
| 5. Organized Under the Laws of: ID W 168552 | 6. Annual Report must be signed.* Signature: CAROLYN L. PARKINSON Name (type or print): CAROLYN L. PARKINSON | | Date: 06/04/2018 Title: MANAGER | | | |
| Processed 06/04/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | |