No. <b>W 101714</b>		Due no later than Mar 31, 2015		[	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JARED H RICKS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  STICKY APRON STRINGS, LLC  JARED H RICKS PO BOX 309  BLACKFOOT ID 83221			490 N. MAPLE, STE. E BLACKFOOT ID 83221  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Com	panies: Enter Nai	mes and Addresses	s of at least one Member or Manager.	•				
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	JARED H RI	CKS	927 N 900 E		SHELLEY	ID	USA	83274
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jared H. Ricks			Date: 05/29/2015			
W 101714		Name (type or print): Jared H. Ricks			Title: Manager			
Processed 05/29/2015 * Electronically provided signatures are accepted as original signatures.								