

No. W 166085	Due no later than May 31, 2017 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.		LISA ROBERTS 4095 NE MTN WEST WAY MOUNTAIN HOME ID 83647			
	STUDIO, LLC (THE) LISA ROBERTS 170 N MAIN ST MOUNTAIN HOME ID 83647		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	LISA ANN ROBERTS	4095 NE MOUNTAIN WEST WAY	MOUNTAIN HOME	ID	USA	83647
5. Organized Under the Laws of: ID W 166085		6. Annual Report must be signed.* Signature: Lisa Roberts Name (type or print): Lisa Roberts Date: 06/19/2017 Title: Owner				
Processed 06/19/2017		* Electronically provided signatures are accepted as original signatures.				