| No. W 153292 | | Due no later than Jun 30, 2016 | | 2. R | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MAID 2 SHINE LLC P.O. BOX 954 MIDDLETON ID 83644 | | 5 M | KAYLA COLEMAN 589 W HALVERSON MIDDLETON ID 83669 3. New Registered Agent Signature:* | | | | |
| RECEIVED BY DUE DATE | | and Addresses of | at land one Member or Manager | | | | | | |
| 2001 | | nes and Addresses of | at least one Member or Manager. | | | | | | |
| Office Held | Name | | Street or PO Address | Cit | У | State | Country | Postal Code | |
| MEMBER | KAYLA J CC | LEMAN | 589 W HALVERSON | MII | DDLETON | ID | USA | 83644 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | | |
| ID | | Signature: Kayla Coleman | | | Date: 04/28/2016 | | | | |
| W 153292 | | Name (type or print): Kayla Coleman | | | Title: Member | | | | |
| Processed 04/28/2016 | | * Electronically provide | Electronically provided signatures are accepted as original signatures. | | | | | | |