| No. W 163610 | | Due no later than Mar 31, 2017 | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|---|----------------------|---|--|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. STUDIO LE BOB LLC ROBERT WAGNER 8729 DEER FLAT RD NAMPA ID 83686 | | | ROBERT WAGNER 8729 DEER FLAT RD NAMPA ID 83686-8368 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | 6.1 | | | | | | |
| 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 CARI WAGNER | | ER | 8729 DEER FLAT RD | | NAMPA | ID | USA | 83686 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Robert R | Date: 03/31/2017 | | | | | |
| W 163610 | | Name (type or print): Robert R Wagner | | | Title: Owner | | | |
| Processed 03/31/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |