| No. W 142460 | | Due no later than Sep 30, 2015 | | 2. Registered | 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. SEEDS OF RECOVERY, LLC ALISE ERICKSON 4115 E LANAGER CT NAMPA ID 83687 | | 4115 E LA NAMPA II | ALISE ERICKSON 4115 E LANAGER CT NAMPA ID 83687-8368 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | nes and Addresses | of at least one Member or Manager | | _ | | | |
| 700 00 0 | Name | nes and Addresses | Street or PO Address | City | State | Country | Postal Code | |
| | ALISE ERICK BRYNINN TYE | son El erickson | 4115 E LANAGER CT 4115 E LANAGER CT | NAMPA NAMPA | ID ID | USA USA | 83687 83687 | |
| 5. Organized Under the Laws of: ID W 142460 | | 6. Annual Report must be signed.* Signature: Alise Erickson Name (type or print): Alise Erickson | | | Date: 10/13/2015 Title: Manager | | | |
| Processed 10/13/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | • | |