

|  |  |   |        |       |                     |
|--|--|---|--------|-------|---------------------|
| No. <b>W 40651</b>   | <b>Due no later than Jun 30, 2015</b><br><b>Annual Report Form</b>   | 2. Registered Agent and Address <b>(NO PO BOX)</b>                        |        |       |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>PATRICIA TRAPNELL INTERIOR DESIGN, LIMITED LIABILITY<br>COMPANY<br>PATRICIA TRAPNELL CRAWFORD<br>PO BOX 458<br>VICTOR ID 83455<br>USA | PATRICIA TRAPNELL<br>15 KEARSLEY LANE<br>VICTOR ID 83455                  |        |       |                     |
|  |  | 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 |
| MEMBER   | PATRICIA TRAPNELL CRAWFORD   | PO BOX 458  | VICTOR | ID    | 83455               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 40651</b>   | 6. Annual Report must be signed.*<br>Signature: J.E. Whitlock<br>Name (type or print): J.E. Whitlock<br>Date: 06/09/2015<br>Title: CPA   |   |        |       |                     |
| Processed 06/09/2015   |  | * Electronically provided signatures are accepted as original signatures. |        |       |                     |