No. W 130816 Return to:		Due no later than Nov 30, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. LAUGH & LOVE, LLC TAWNI MAXWELL PO BOX 2322 NYSSA OR 97913		2	Registered Agent and Address (NO PO BOX) TAWNI MAXWELL 32627 ADA LANE PARMA ID 83660 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	MEMBER TAWNI MAXWELL		PO BOX 2322		NYSSA	OR	USA	97913
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Tawni Maxwell			Date: 10/09/2015			
W 130816		Name (type or print): Tawni Maxwell			Title: Owner			
Processed 10/09/2015 * Electronically provided signatures are accepted as original signatures.								