

|                                                                                                                                                        |                 |                                                                                                                                                                          |       |                                                     |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------------------|
| No. <b>W 22898</b>                                                                                                                                     |                 | <b>Due no later than Feb 29, 2016</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><br>IT'S YOUR DAY, WEDDING & EVENT PLANNING, LLC<br>SARAH A EDMUNDS<br>576 S WATERTON AVE<br>EAGLE ID 83616 |       | SARAH A EDMUNDS<br>576 S WATERTON<br>EAGLE ID 83616 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                          |       | 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                                                                                                                                                 | SARAH A EDMUNDS | 5613 DRAWBRIDGE DR                                                                                                                                                       | BOISE | ID                                                  | 83703               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 22898</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Sarah Edmunds<br>Name (type or print): Sarah Edmunds<br>Date: 01/28/2016<br>Title: Managing Member                       |       |                                                     |                     |
| Processed 01/28/2016                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                |       |                                                     |                     |