

No. **W 44785**

**Due no later than November 30, 2006**  
**Annual Report Form**

**2. Registered Agent and Office NO PO BOX**

**SHAWN RICHARDSON**  
**14253 BLUE RIDGE ST**  
**CALDWELL, ID 83607**

**1. Mailing Address - Correct in this box, if applicable**

**FAITHFULLY YOURS, LLC**  
**SHAWN RICHARDSON**  
**14253 BLUE RIDGE ST**  
**CALDWELL, ID 83607**

**3. New Registered Agent Signature**

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

**4. Limited Liability Companies: Enter Names and Addresses of Managers.**

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager	Shawn Richardson	14253 Blue Ridge St.	Caldwell	IO	83607
Manager	Jaclyn Richardson	14253 Blue Ridge St.	Caldwell	IO	83607

**5. Organized Under the Laws of:**

**IDAHO**  
**W 44785**

**6.**  
**Signature** Shawn Richardson **Date** 09/09/2006

**Name** (Typed or Printed) Shawn Richardson **Title** Manager