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|--|---------------|---|------------|--|---------|-------------|--|
| No. W 42198 | | Due no later than Aug 31, 2007 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. LAZY MOOSE BOTIQUE, L.L.C. JEANNE L CAIN 644 MORNING SUN DR TWIN FALLS ID 83301 | | JEANNE L CAIN 1239 E POLE LINE RD STE 311 TWIN FALLS ID 83301 | | | |
| | | | | 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 | |
| MANAGER | JEANNE L CAIN | 644 MORNING SUN DR | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID W 42198 | | 6. Annual Report must be signed.* Signature: Jeanne Cain Name (type or print): Jeanne Cain Date: 09/11/2007 Title: Owner | | | | | |
| Processed 09/11/2007 | | * Electronically provided signatures are accepted as original signatures. | | | | | |