

No. W 67979	Due no later than October 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX JAMES C ANDERSON 1104 W NEWFIELD DR EAGLE, ID 83616																		
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable ILLUSION LOCKETS LLC 1104 W NEWFIELD DR EAGLE, ID 83616	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 25%;"><u>Name</u></th> <th style="text-align: left; width: 35%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 10%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager/Member</td> <td>James C Anderson</td> <td>1104 W. Newfield Dr</td> <td>Eagle</td> <td>ID</td> <td>83616</td> </tr> <tr> <td>Manager/Member</td> <td>Cindy Anderson</td> <td>"</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Manager/Member	James C Anderson	1104 W. Newfield Dr	Eagle	ID	83616	Manager/Member	Cindy Anderson	"			
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Manager/Member	James C Anderson	1104 W. Newfield Dr	Eagle	ID	83616															
Manager/Member	Cindy Anderson	"																		
5. Organized Under the Laws of: IDAHO W 67979	6. Signature <u>James C Anderson</u> Date <u>Aug 23, 08</u> Name <small>(Typed or Printed)</small> <u>James C Anderson</u> Title <u>Manager/member</u>																			