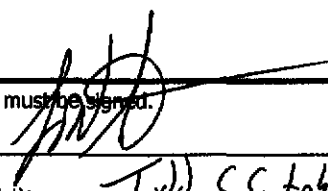


<b>No. W 19735</b>		<b>Due no later than 6/30/2009 Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> HAIREM, LLC (THE) 6711 SAXTON AVE BOISE ID 83714		TODD SUTPHEN 6711 SAXTON AVE BOISE ID 83703	
				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	Zip
MANAGER	Todd S Sutphen	6711 Saxton Ave	Boise	ID	83714
5. Organized Under the Laws of: <b>ID W 19735</b>		6. Annual Report must be signed. Signature:  Name(type or print): <u>Todd S Sutphen</u> Date: <u>6/22/09</u> Title: <u>Mgr</u>			