

No. W 77029	Due no later than 8/31/2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)												
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 needed.		BARBARA GIRARD 185 HOLSTEIN INKOM ID 83245 3. New Registered Agent Signature: N/A												
	BARBIE'S HOUSE LLC PO BOX 241 INKOM ID 83245														
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. <table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>OWNER MANAGER</td><td>BARBIE GIRARD</td><td>PO BOX 241</td><td>INKOM</td><td>ID</td><td>83245</td></tr></tbody></table>				Office Held	Name	Street or PO Address	City	State	Zip	OWNER MANAGER	BARBIE GIRARD	PO BOX 241	INKOM	ID	83245
Office Held	Name	Street or PO Address	City	State	Zip										
OWNER MANAGER	BARBIE GIRARD	PO BOX 241	INKOM	ID	83245										
5. Organized Under the Laws of: ID W 77029	6. Annual Report must be signed. Signature: <u>Barbie Girard</u> Date: <u>9-27-09</u> Name(type or print): <u>BARBIE GIRARD</u> Title: <u>Owner</u>														

Issued 8/25/2009 by LJM

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