

No. <b>W 77029</b>		<b>Due no later than 8/31/2009 Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: <b>SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080</b>		<b>1. Mailing Address: Correct in this box if needed.</b> <b>BARBIE'S HOUSE LLC PO BOX 241 INKOM ID 83245</b>		<b>BARBARA GIRARD 185 HOLSTEIN INKOM ID 83245</b>	
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. New Registered Agent Signature: <b>N/A</b>	
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
<b>OWNER MANAGER BARBIE GIRARD PO BOX 241 INKOM ID 83245</b>					
5. Organized Under the Laws of: <b>ID W 77029</b>		6. Annual Report must be signed.			
		Signature: <u>B. Girard</u>		Date: <u>9-27-09</u>	
		Name(type or print): <u>BARBIE GIRARD</u>		Title: <u>OWNER</u>	

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