

No. W 84071	Due no later than May 31, 2010 Annual Report Form		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.		CARRIE CARROLL 474 N HULLEN PL STAR ID 83669			
	CARROLL FAMILY SHAVED ICE LLC CARRIE L CARROLL 474 N HULLEN PL STAR ID 83669 USA		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	CARRIE L CARROLL	474 N. HULLEN PL.	STAR	ID	USA	83669
5. Organized Under the Laws of: ID W 84071		6. Annual Report must be signed.* Signature: Carrie Carroll Name (type or print): Carrie Carroll Date: 04/22/2010 Title: Manager				
Processed 04/22/2010		* Electronically provided signatures are accepted as original signatures.				