

No. W 55653		Due no later than Oct 31, 2009		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. SHORELINE, LLC SONIE COMBS PO BOX 3530 POST FALLS ID 83877 USA		MATTHEW P GRUPP ESQ 842 W KATHLEEN AVE COEUR D'ALENE ID 83815	
				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	SAUNDRA L COMBS	PO BOX 3530	POST FALLS	ID	USA 83877
5. Organized Under the Laws of: ID W 55653		6. Annual Report must be signed.* Signature: Sonie Combs Name (type or print): Sonie Combs Date: 09/13/2009 Title: Manager			
Processed 09/13/2009		* Electronically provided signatures are accepted as original signatures.			