No. W 31924		Due no later than Jul 31, 2005 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			OLENKA PAREDES 290 RAMAGE ST TWIN FALLS ID 83301 0000 3. New Registered Agent Signature:*					
		1. Mailing Address: Correct in this box if needed. PERUVIAN SAVVY INTERNATIONAL LLC OLENKA PAREDES 958 BRACKEN STREET NORTH TWIN FALLS ID 83301 0000						
NO FILING FEE IF RECEIVED BY DUE DATE								
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 OLENKA PAR		REDES	290 RAMAGE ST		TWIN FALLS	ID		83301
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IDAHO W 31924		Signature: Olenka Paredes			Date: 08/12/2005			
		Name (type or print): Olenka Paredes			Title: Manager			
Processed 08/12/2005 * Electronically provided signatures are accepted as original signatures.								