No. **W 84326**	**Due no later than Jun 30, 2012**	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.** SHRI DHARMA LLC KAREN A FAUNCE 412 EAST MORTON ST MOSCOW ID 83843-2768 USA	KAREN FAUNCE 412 EAST MORTON ST MOSCOW ID 83843-2768 3. New 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	KAREN A FAUNCE	412 E. MORTON ST	MOSCOW	ID	USA	83843-2768

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 84326**	Signature: Karen Faunce Name (type or print): Karen Faunce	Date: 06/25/2012 Title: Manager

Processed 06/25/2012

* Electronically provided signatures are accepted as original signatures.