

No. W 59668

Due no later than February 28, 2009
Annual Report Form2. Registered Agent and Office **NO PO BOX**Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

SHAUN MORRIS LLC

~~113 Old Tom Dr.~~
~~McCammon, ID 83250~~113 Old Tom Dr.
McCammon, ID 83250SHAUN MORRIS
~~201 COMMERCIAL ST~~
~~BOISE, ID 83720~~113 Old Tom Dr.
McCammon, ID 832503. New Registered Agent Signature**NO FILING FEE IF
RECEIVED BY DUE DATE**

4. Limited Liability Companies: Enter Names and Addresses of Members.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Co-owner	Shaun Morris	113 Old Tom Dr.	McCammon	ID	83250
Co-owner	Shayanne Morris	"	"	"	"

5. Organized Under the Laws of:

IDAHO
W 59668

6.

Signature

Date

12-14-2008

Name (Typed or Printed)

Shaun Morris

Title

Co-owner

Issued 12/01/2008

Do Not Tape or Staple

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