| No. C 174974 | | Due no later than Sep 30, 2009 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------|---|---|----------------------------|---|------------|----------------|--|
| Return to: | | Annual Report Form | | 0.00 000.00 00 00 00 00000 | SUZANNE J MACKEY | | | |
| 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. LILY PAD ENTERPRISES, INC. SUZANNE J MACKEY 115 NORTH HAYES AVE EMMETT ID 83617 USA | | | 2470 JACKSON AVE EMMETT ID 83617 | | | |
| | | | | 3. <u>New</u> Registe | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | | | | | | | |
| 4. Corporations: Enter Nar | mes and Busin | ess Addresses o | President, Secretary, and Directors. Treas | surer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR PRESIDENT | | | 2470 JACKSON AVE 2470 JACKSON AVE | EMMETT EMMETT | ID ID | USA USA | 83617 83617 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 174974 | | Signature: S | | Date: 07/29/2009 | | | | |
| | | Name (type | | Title: President | | | | |
| Processed 07/29/2009 | | * Electronically | provided signatures are accepted as origina | al signatures. | | | | |