No. W 63890 Return to:		Due no later than Jun 30, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. FABRIQUE LLC LYNN MCCONNELL 52 SO. GRAYS LANE NAMPA ID 83687 USA			2. Registered Agent and Address (NO PO BOX) LYNN MCCONNELL 52 SO. GRAYS LANE NAMPA ID 83687 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				_				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	nies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	NAGER LYNN MCCONNELL		52 S GRAYS LANE		NAMPA	ID	USA	83687
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 63890		Signature: Lynn McConnell			Date: 04/22/2012			
		Name (type or print): Lynn McConnell			Title: Manager			
Processed 04/22/2012 * Electronically provided signatures are accepted as original signatures.								