

No. W 72367	Due no later than Mar 31, 2011 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) EMMA R FIELDS 1319 N DIVISION STE 104 SANDPOINT ID 83864															
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MANNER OF LIFE, LLC. EMMA R FIELDS 1319 N DIVISION STE 104 SANDPOINT ID 83864		3. <u>New</u> Registered Agent Signature.															
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)</td> <td>Emma Fields</td> <td>1319 N Division Ave</td> <td>Sandpoint</td> <td>JD</td> <td>USA</td> <td>83864</td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	<input checked="" type="radio"/> Manager <input type="radio"/> Member (circle one)	Emma Fields	1319 N Division Ave	Sandpoint	JD	USA	83864
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5. Organized Under the Laws of: IDAHO W 72367	6. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Signature: <u>Emma Fields</u></td> <td style="width: 30%;">Date: <u>4/18/11</u></td> </tr> <tr> <td>Name (type or print): <u>EMMA FIELDS</u></td> <td>Title: <u>Owner</u></td> </tr> </table>				Signature: <u>Emma Fields</u>	Date: <u>4/18/11</u>	Name (type or print): <u>EMMA FIELDS</u>	Title: <u>Owner</u>										
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Issued 04/13/2011 by SLD 123275																		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM