

No. <b>W 72367</b>	<b>Due no later than Mar 31, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> 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  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. <b>Mailing Address: Correct in this box if needed.</b> 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="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Emma Fields</td> <td>1319 N. Division Ave</td> <td>Sandpt</td> <td>ID</td> <td>USA</td> <td>83864</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Emma Fields	1319 N. Division Ave	Sandpt	ID	USA	83864	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Emma Fields	1319 N. Division Ave	Sandpt	ID	USA	83864																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of:  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             IDAHO W 72367           </div>		6. <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">           Signature: <u>Emma Fields</u> </td> <td style="width: 40%;">           Date: <u>1/28/13</u> </td> </tr> <tr> <td>           Name (type or print): <u>EMMA Fields</u> </td> <td>           Title: <u>manager</u> </td> </tr> </table>		Signature: <u>Emma Fields</u>	Date: <u>1/28/13</u>	Name (type or print): <u>EMMA Fields</u>	Title: <u>manager</u>																															
Signature: <u>Emma Fields</u>	Date: <u>1/28/13</u>																																					
Name (type or print): <u>EMMA Fields</u>	Title: <u>manager</u>																																					
Issued 01/22/2013 by DK1																																						

120057