No. W 13167	Annual Report Form 1. Mailing Address - Correct in this box, if applicable SIMPLE PLEASURES HANDMADE SOAP LLC ID:		2. Registered Agent and Office NO PO BO		
Return to:			KARNA FERRII	KARNA FERRIN JACKSON 3366 SHADY GLEN IDAHO FALLS, ID 83404	
SECRETARY OF STATE					
700 WEST JEFFERSON			IDAHO FALLS,		
PO BOX 83720	3366 SHADY GLEN				
BOISE, ID 83720-0080	IDAHO FALLS, ID 83404				
NO FILING FEE IF			3. New Registere	d Agent Signature	
RECEIVED BY DUE DATE					
			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
4. Limited Liability Compa	anies: Enter Names and Addresses of	Managers.			
Office held Name		City	State	<u>Zip</u>	
_			_	1011	
VAESTOENT KARNA F. VILE-PARTIMINT NELQVI	SACKSON 3366 SHAPY CLEN	TOAHO FALL	KG 50	6340/ 5340/	
PRESIDENT KARNA F. VICE PRESIMENT NECON	6.	TOUND FA			
5. Organized Under the Laws of:	6. Signature	<u></u>	Date <i>J</i>	11-Z-04	
5. Organized Under the Laws of:	6.	<u></u>	Date <i>J</i>		

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