

No. **W 23711**

**Due no later than April 30, 2006**

**Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

D'LASHAYE LLC  
~~3201 RAIN TREE DR~~ *329 Creekside Place*  
NAMPA, ID 83686

DEMISE L HARRIMAN  
3201 RAIN TREE DR  
NAMPA, ID 83686

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
<i>Manager</i>	<i>DeMise Harriman</i>	<i>329 Creekside Place</i>	<i>Nampa</i>	<i>ID</i>	<i>83686</i>

5. Organized Under the Laws of:  
**IDAHO  
W 23711**

6.

Signature

*Demise L. Harriman*

Date

*4/11/06*

Name

(Typed or Printed)

*Demise L. Harriman*

Title

*Manager*