

No. W 37059		Due no later than Feb 28, 2011 Annual Report Form		2. Registered Agent and Address (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 needed. SHAKA178, LLC MICHAEL J SWOPE 223 N 6TH #425 BOISE ID 83702		MICHAEL J SWOPE 223 N 6TH #425 BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MICHAEL J SWOPE	2244 SWALLOWTAIL LN	BOISE	ID	USA	83706	
MANAGER	MARY JANE SWOPE	2244 SWALLOWTAIL LN	BOISE	ID	USA	83706	
5. Organized Under the Laws of: ID W 37059		6. Annual Report must be signed.* Signature: Mary J Swope Name (type or print): Mary J Swope					
		Date: 12/14/2010 Title: Manager					
Processed 12/14/2010 * Electronically provided signatures are accepted as original signatures.							