


No. W 50094 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Apr 30, 2007 Annual Report Form 1. Mailing Address - Correct in this box if applicable SCRAPPIN' ON THE BLVD, LLC SHAREN L BRUNNER 1520 NORTHWEST BLVD COEUR D ALENE, ID 83814	2. Registered Agent and Office NO PO BOX SHAREN L BRUNNER 1520 NORTHWEST BLVD COEUR D ALENE, ID 83814 3. New Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>Member</td> <td>SHAREN L BRUNNER</td> <td>1520 NORTHWEST BLVD</td> <td>COEUR D ALENE</td> <td>ID 83814</td> </tr> <tr> <td></td> <td>Member</td> <td>THOMAS C BRUNNER</td> <td>1520 NORTHWEST BLVD</td> <td>COEUR D ALENE</td> <td>ID 83814</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip		Member	SHAREN L BRUNNER	1520 NORTHWEST BLVD	COEUR D ALENE	ID 83814		Member	THOMAS C BRUNNER	1520 NORTHWEST BLVD	COEUR D ALENE	ID 83814
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5. Organized Under the Laws of: IDAHO W 50094	6. Signature  Date <u>May 11, 2007</u> Name <u>SHAREN L BRUNNER</u> Title <u>Member</u>																			

Issued 05/14/2007 by LJJ

Do Not Tape or Staple
Fold, seal and mail this portion.

200704008664

Detach at this perforation and discard this lower portion.

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

BLOCK 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

BLOCK 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

BLOCK 3: Only a new registered agent must sign in Block 3.

BLOCK 4: Enter names and business addresses of president, secretary, and directors (for corporations only), managers/members (for LLC's Only), one or more general partners (for LP's only). Note: Putting "same as last year" or "same as above" or leaving the block blank will not be accepted. Changes here will not affect the address in Block 1. Be sure to include office held for each name listed.

BLOCK 5: May not be altered through the use of this form.

BLOCK 6: The annual report must be signed by a person authorized to represent the corporation/LLC/LP. Print or type the name and title of the signer below the signature.

**** The image of this form will be available on the internet once it is filed. DO NOT enter Social Security Numbers.**

If the (Corporation/Limited Liability Company/Limited Partnership) is no longer doing business in Idaho, you may file the appropriate form and fee. Forms are available on our website at www.idsos.state.id.us. However, if no timely annual report is filed, administrative action will be taken, at no cost to the (Corporation/Limited Liability Company/Limited Partnership), to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

POSTMARK DATES WILL NOT BE ACCEPTED

ISSUE FILING COMPLETS

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