

No. W 4421	Due no later than July 31, 2007 Annual Report Form		2. Registered Agent and Office NO PO BOX											
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable HANDS-ON ART STUDIO, LLC 3115 N GOVERNMENT WAY #4 COEUR D ALENE, ID 83815		KIMBERLEE A WASHKO 3115 N GOVERNMENT WAY #4 COEUR D ALENE, ID 83815 3. New Registered Agent Signature											
	4. Limited Liability Companies: Enter Names and Addresses of Managers. <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>OWNER</td><td>KIMBERLEE A. WASHKO</td><td>4513 E. HUDSON RD.</td><td>HAYDEN</td><td>ID</td><td>83835</td></tr></tbody></table>			Office held	Name	Street or P.O. Address	City	State	Zip	OWNER	KIMBERLEE A. WASHKO	4513 E. HUDSON RD.	HAYDEN	ID
Office held	Name	Street or P.O. Address	City	State	Zip									
OWNER	KIMBERLEE A. WASHKO	4513 E. HUDSON RD.	HAYDEN	ID	83835									
5. Organized Under the Laws of: IDAHO W 4421	6. Signature <u>Kimberlee A. Washko</u> Date <u>6-1-07</u> Name (Typed or Printed) <u>KIMBERLEE A. WASHKO</u> Title <u>OWNER</u>													

Issued 05/01/2007

Do Not Tape or Staple

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