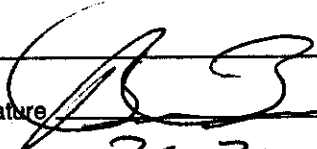


No. W 44471	Due no later than November 30, 2006 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable LININGS UNLIMITED, LLC BEN ZIMMERMAN 2101 E LAKESIDE AVE COEUR D ALENE, ID 83814		BEN ZIMMERMAN 2101 E LAKESIDE AVE COEUR D ALENE, ID 83814 3. <u>New</u> 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>Manager</td> <td>BEN Zimmerman</td> <td>2101 E Lakeside</td> <td>COEUR D ALENE</td> <td>ID</td> <td>83814</td> </tr> <tr> <td>manager</td> <td>Caryn Zimmerman</td> <td>2101 E Lakeside</td> <td>COEUR D ALENE</td> <td>ID</td> <td>83814</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Manager	BEN Zimmerman	2101 E Lakeside	COEUR D ALENE	ID	83814	manager	Caryn Zimmerman	2101 E Lakeside	COEUR D ALENE	ID	83814
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5. Organized Under the Laws of: IDAHO W 44471	6.  Signature _____ Date <u>9-29-06</u> Name (Typed or Printed) <u>BEN Zimmerman</u> Title <u>Manager</u>																				

Issued 09/01/2006

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